DOCUMENT RESUME

ED 451 762 HE 033 890

AUTHOR Robinson, Jill; Leamon, Jen
TITLE A Documentary Analysis of Educational Programmes Leading to the Award of Degree in Nursing at Pre and Post Registration Level.
INSTITUTION English National Board for Nursing, Midwifery and Health Visiting, London.
ISBN ISBN-1-901697-38-X
PUB DATE 1999-08-00
NOTE 103p.; For a summary of the same study, see HE 033 891.
AVAILABLE FROM English National Board for Nursing, Midwifery and Health Visiting, Publications Department, Victory House, 170 Tottenham Court Road, London W1P OHA, England, United Kingdom. Tel: 0207-391-6314; e-mail: pubs@enb.org.uk.
PUB TYPE Reports - Research (143)
EDRS PRICE EDRS Price MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Course Content; Criteria; *Curriculum; *Degrees (Academic); Foreign Countries; *Graduate Study; Higher Education; Nursing; *Nursing Education; *Outcomes of Education; Program Descriptions
IDENTIFIERS *England

ABSTRACT

This study was undertaken to compare the learning outcomes and content of pre- and post-registration nursing degrees. Curriculum documents were obtained from 50 nursing degree programs from 32 institutions. The total set of documents was studied to get a sense of how student achievement at the graduate level was differentiated from awards at the sub-degree level, and then a subset of 15 documents was chosen to represent the broad range of course outcomes. A recurring question was the meaning of "degree." Something that was very apparent in the curriculum documents studied was the almost universal use of descriptors based on Bloom's Taxonomy (B. Bloom, 1956) without empirical evidence to show that incremental learning follows the sequence of level descriptors. The research suggests that in relation to degrees there is a need to share good practice across institutions and then to gather empirical evidence about the relationship between the level descriptors used in curriculum documents and students' actual progression toward degree outcomes. With regard to nursing degrees specifically, there is a need for professional and statutory bodies to work together to ensure that nursing is fully represented in debates about standards and quality assurance. An appendix contains a chart of emerging nursing curriculum issues. (Contains 5 tables, 10 figures, and 58 references.) (SLD)

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A DOCUMENTARY ANALYSIS OF EDUCATIONAL PROGRAMMES LEADING TO THE AWARD OF DEGREE IN NURSING AT PRE AND POST REGISTRATION LEVEL

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JEN LEAMON

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August 1999

Research commissioned by the English National Board for Nursing, Midwifery and Health Visiting

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ISBN : 1 901697 38 X

Final Report available through the Publications Department
Direct Line: 0207 391 6314
Email: pubs@enb.org.uk

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A DOCUMENTARY ANALYSIS OF EDUCATIONAL PROGRAMMES LEADING TO THE AWARD OF DEGREE IN NURSING AT PRE AND POST REGISTRATION LEVEL

PREFACE

The Board is pleased to publish the report which compared the learning outcomes and content of pre and post-registration nursing degree programmes. The study was carried out over one year. Curriculum documents from thirty-two institutions were analysed and categorised for descriptive characteristics. There was considerable diversity throughout the documents which made comparability across programmes difficult to establish.

Through a variety of means the Board ensures that education for practice continues to be relevant both professionally and academically. Research based evidence provides a further important dimension of the development of policy. The findings emerging from this report and the implications of these, will inform future quality assurance activities.

Professor Ron De Witt
Chairman of the Board

Professor Jeff Thompson
Chairman of Research and Development
at the English National Board

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ACKNOWLEDGEMENTS

We would like to gratefully acknowledge the help of the following institutions who participated in this study. We will always be indebted to them for making time in their busy schedules to search out relevant curriculum documents and for allowing us to examine them.

The University of Birmingham
Bournemouth University
Buckinghamshire College
University of Brighton
University of Central Lancashire
City College Norwich
Coventry University
University College Chester
University of East Anglia
University of Essex
The University of Greenwich
University of Huddersfield
Keele University
Kingston University & St George's Hospital Medical School
Leeds Metropolitan University
The University of Liverpool
Liverpool John Moores University
The University of Manchester
Middlesex University
University of Northumbria at Newcastle
The University of Nottingham
Oxford Brooks University
Royal College of Nursing
University of Salford
Sheffield Hallam University
South Bank University London
University College Suffolk
University of Teesside
University of the West of England, Bristol
University of Wolverhampton
Worcester College of Higher Education
University of North London

We would also like to express our thanks to the following people who offered us valuable support and advice as members of our project steering group: Professor Helen Simons (Chair), Mrs Sonia Crow, Mr Hamsa Aumeer, Ms Kate Gerrish and Mr Bev Labbett.

LIST OF ABBREVIATIONS

APEL	Assessment of Prior Experiential Learning
APL	Assessment of Prior Learning
BA	Bachelor of Arts
BN	Bachelor of Nursing
BSc	Bachelor of Science
CFP	Common Foundation Programme
Dip HE	Diploma in Higher Education
DOH	Department of Health
EC	European Community
ENB	English National Board for Nursing, Midwifery and Health Visiting
GCSE	General Certificate in Secondary Education
GSP	Graduate Standards Programme
HE	Higher Education
HEFC	Higher Education Funding Council
HEI	Higher Education Institution
HEQC	Higher Education Quality Council
IV	Intra Venous
NHS	National Health Service
PREP	Post Registration Education and Practice
QAA	Quality Assurance Agency
RGN	Registered General Nurse
UCAS	Universities and Colleges Admissions Service
UK	United Kingdom
UKCC	United Kingdom Central Council for Nursing Midwifery and Health Visiting

TERMINOLOGY

The term 'course' has been used regularly throughout this document to refer to a particular route to the award of degree in nursing. We do recognise the ENB's preferred use of the term 'programme'. We felt however that using this term could potentially lead to confusion given the variety of alternative meanings given to the word 'programme' in curriculum documents.

REFERENCING OF DOCUMENT EXTRACTS

In order to ensure anonymity, extracts have been referenced using the following format:

(page number. document code number. year of validation)

An extract followed by the reference (1.06.95) will therefore refer to page one of the document coded '06' which was validated in 1995. This format is **not** intended to correspond with the day and month of validation or represent any date beyond the year of validation. Code numbers of documents do not directly correspond to the order of the list of institutions which follows.

FOREWORD

This report is the product of a study which was undertaken over a twelve month period. Over this period, some of the project aims presented us with considerable difficulty. For example, we set ourselves the task of collecting a minimum of 50 curriculum documents from a wide spread of institutions throughout the country. Achieving this task took us far longer than we had anticipated at the outset. Our study commenced early in the summer of 1997 and many institutions were already heavily involved in their summer assessment period and responses to our early requests for curriculum documents were often delayed. That some of the people named on the ENB list of official correspondents were no longer in post was an understandable reflection on the rapidly changing landscape of nurse and midwife education. Some institutions had to take our request for curriculum documents through various committees before permission could be granted. Even where institutions were quick to give us permission to proceed, it was often very difficult to make contact with the person who would be responsible for sending off the documents we requested. Many were either on holiday or out of the country for several weeks during the summer period. Even after numerous repeated attempts there were some institutions with whom we failed to make contact.

Another problem which confronted us as we tried to draw insights from our sample of documents was the variety of ways in which documents were presented and the diversity of the range of information included within curriculum documents. We expected considerable diversity between our three major groups of pre-registration degrees, Higher Awards and other post-registration degrees. The extent to which curriculum documents varied in content and style within these major categories was rather more than we had anticipated. As a consequence, it was extremely difficult to establish the extent to which curriculum documents were comparable, even within specific types of award. Although in Chapter 6 we have summarised a number of ways in which awards were broadly comparable, comparability at a deeper level was not possible given the diversity which existed across curriculum documents. For this reason we have avoided the use of simplistic numerical values except on occasions where categories were relatively discrete and indisputable. Also, although we attempted to get a wide variety of types of programme represented in our data set, it was never our intention to use probability sampling strategies in order to make generalisations from our data. Within our sample there were insufficient numbers within each of the major descriptive categories to make any statistically meaningful inferences about degree programmes in general. Our aim from the outset was to show the ways in which curriculum documents varied, rather than to provide potentially

misleading numerical representations of such variation. Although not exhaustive within the time available to us, we believe that our study has highlighted a number of issues relating to the variation and the nature of curriculum documents. It is important, however, to read it in the light of the particular difficulties we encountered in making comparisons between documents.

Jill Robinson
Project Director

Chapter One:
INTRODUCTION

CONTEXT OF THE RESEARCH

In May 1997, the English National Board for Nursing Midwifery and Health Visiting commissioned University College Suffolk to undertake a documentary analysis of educational programmes leading to the award of degree in nursing at pre- and post-registration level. The study arose from a need to gather information which could contribute to on-going philosophical debates about the kind of professional knowledge base underpinning such awards and the extent to which degrees in nursing have come to signify the acquisition of specific professional knowledge and competence which can be directly applied to practice.

The Board[1] therefore sought research which would focus on an aim to:

> *"Undertake a comparative analysis of curricula documentation, to examine the content and learning outcomes of pre- and post-registration programmes leading to the award of a deg, ee in Nursing/Nursing Studies (or similar title)"* [2]

This chapter begins with a brief examination of the history of nursing degrees through recent literature in order to explore the rationale underpinning the Board's intention. It will then describe the research aims we generated and methods which were used in response to the general rationale and aim outlined in the Boards project specification.

BACKGROUND AND LITERATURE

The history of nurse education's move from practice based apprenticeship to higher education has been extensively reported and debated elsewhere (Phillips et al, 1996). A number of features of this history are particularly relevant to this study. First, nursing degrees did not exist until 1960 when Edinburgh University validated their first nursing degree, (Altschul 1987). Prior to this, the education of nurses was conducted outside higher education institutions and focused predominantly on providing training for a practice based occupation.

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[1] English National Board for Nursing, Midwifery and Health Visiting
[2] From Project Specification, September 1996: Project 2, ENB, London

The Edinburgh degree heralded the development of a relatively small number of nursing degrees in other universities which offered the opportunity to gain a degree in nursing alongside state registration. Typically these early degrees took at least four years to complete and up until the 1980's, nursing graduates were the exception rather than the rule and were treated with varying degrees of suspicion in the work-place. (Luker, 1984).

Three major influences were to have a significant impact on the increasing number of institutions offering degrees in nursing. Firstly, with the implementation of Project 2000, came the opportunity to integrate nurse education into higher education. The need to establish the academic credibility of pre-registration courses leading to the Diploma in Higher Education qualification required colleges of nurse education to forge links with mainstream higher education and preceded the wholesale integration of nurse education into higher education which took place between 1990 and 1996. A recent review of the professional regulatory framework commissioned by the health departments believed that this move to higher education:

> *"will be seen to have been a huge advance for nursing and midwifery and to have contributed enormously to the understanding of and arrangements for public protection"* (JM Consulting Ltd., 1998, p19)

although the same review expressed concerns that clinical experience was not given sufficient priority in some higher education institutions.

A second influence was the changing nature of nursing and its increasing emphasis on management, leadership and evidence based practice (JM Consulting Ltd. 1998). These new demands on nurses brought with them a concomitant demand for higher levels of education. As we shall see later in this report, many of the learning outcomes which appeared to relate specifically to graduate level achievement pointed to skills of management, leadership roles, research and resource management. The added value of degree courses, was thus articulated in terms of new demands on nurses in a changing system of health care.

Yet a third influence can be found in the developing consciousness of the concept of life-long learning and continuing education (ENB, 1994; UKCC, 1994). Not only were new nurses with the Diploma in Higher Education a ready made market for level three top up degrees, but there was also a pool of nurses qualified prior to Project 2000, many of whom were looking for ways to enhance their educational standing at work.

These factors were instrumental in creating the conditions necessary for a move towards graduate level entry to qualified professional practice. Certainly, during the life of this project, there seemed to be increasing interest in moving to an all-graduate profession. Recent articles in the national press, (Brindle, 1998 and Hinde, 1998) suggested that there is increasing demand for graduate nurses in the work place. This represents a major move towards an all graduate profession that would have been unheard of just a decade ago. Already the Standing Nursing and Midwifery Advisory Committee has recommended that midwives move to an all-graduate profession, (SNMAC, 1998), a recommendation echoed in the Council of Deans and Heads of Faculties of Nursing and Midwifery, who in their recent position paper, state:

> *"The cessation of the practically-based enrolled nurse training to provide a single level of professional registration and the increasing availability of degree courses for Nurses and Midwives in universities has brought the possibility of an all-graduate profession for Nurses and Midwives much closer"* (1998: 1-2)

In spite of this pressure, the move into higher education has not been without its problems. Areas of concern still remain amongst nurse leaders, educationalists and practitioners. For example, it has already been mentioned that there was concern about the development of clinical skills in an HE culture which is unused to giving priority to the clinical experience that is currently required by professional bodies and statutory instruments.

If the proliferation of nursing degrees was affected by the changes that were happening within nursing and health care contexts in general and nursing education in particular, they were no less affected by the changes which were happening within the higher education sector. Transformation of this sector had already begun with a gradual movement during the 1980's from an elite to a mass system of higher education (Otter, 1992). The aim then was to achieve a target of 20% participation in HE by the year 2000 managed primarily through changes to the funding system creating a greater emphasis on fees in the formulas used (Wright, 1990). The 1992 Further and Higher Education Act aimed to create a more unified higher education community with the removal of the binary divide, which, through different funding mechanisms had separated universities from polytechnics. More recently there have been changes in the nature and structure of degree courses with various professional and vocational degrees now accounting for 56% of all undergraduate work, (Smithers and Robinson, 1995). Alongside the development of academic awards in new subjects, was the rapid and wide introduction of modularisation and two-semester academic years fundamentally changing the traditional structure of UK degree courses, (HEQC, 1997). The Graduate

Standards Programme[3] also made reference to changes in the relationship between higher education and graduate employers which have changed the emphasis of degree level provision towards developing capability or employability rather than esoteric subject-specific intellectual ability, (HEQC, 1997).

The context in which nursing degrees have continued to develop over the last decade has therefore been influenced not only by fundamental changes in the NHS, particularly through the NHS and Community Care Act (DoH, 1990) and pre-registration nurse education (UKCC, 1986), but by the equally fundamental set of changes in main stream higher education. These changes can be summarised as:

- rapid growth in numbers of students entering higher education (NIACE, 1993)
- movement from elite to mass education system (Scott, 1995)
- increasing diversity in course provision (Smithers and Robinson , 1995)
- modularisation of most higher education course provision (HEQC, 1996)
- sector unification (DES, 1991)

Throughout our study, we have been acutely aware that the work we have undertaken in relation to nursing degrees is situated within a much wider debate about undergraduate provision in the UK and the nature of graduateness across all UK provision. We have been interested to find that many of the difficulties we encountered as we started to try and make sense of curriculum documents, were problems also shared by the GSP, particularly in trying to determine the essential aims, intentions, structures and processes from a wide range of provision where there was relatively little consistency in the way in which information about courses was documented. We were not surprised to see recommendations for some standardisation in the presentation of information about degrees to enhance clarity of purpose and we particularly welcome this recommendation (QAA, 1998).

So what then were the issues surrounding the notion of graduateness? What precisely were we attempting to explore when we encountered our data set? Firstly, there was a need to look for evidence of how the idea of graduate level was articulated within documents. Secondly we had to combine this with an exploration of how the subject of nursing articulated with the concept of graduateness. In other words we were looking at how documents revealed their vision of the nursing graduate.

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[3] Subsequently referred to as the GSP

In our work on academic level we were heavily influenced by the HEQC Graduate Standards Programme which produced its final report during 1997 and have attempted to tie in our findings with the wider debate on comparability of degrees in general. It was at the start of the Graduate Standards Programme that the neologism 'graduateness' was first used as a device to focus attention on those features of a programme which make it worthy of the award of degree. We found this term useful in trying to conceptualise what we were looking for in curriculum documents. That is to say, the term graduateness became our shorthand way of referring to the way in which documents portrayed the essence of its sense of degree-worthiness. This could also be understood in terms of the justifications implicit in course aims, learning outcomes, processes and assessment for entitlement to award a degree for students who successfully complete the course.

Generally speaking, we viewed our own findings relating to the comparability of degrees in nursing, as a subset of vocational/professional degrees, which in turn are a subset of degrees in general. The GSP's findings can be summarised in the following way:

- that it can no longer be assumed that UK degrees are broadly comparable
- that rapid change and innovation have made it more difficult for all stakeholders to understand the purposes of higher education
- that common understandings and shared notions of standards needs to be enhanced in assessment processes (HEQC, 1997a)

Many of the courses in our data set were good examples of some of these problems. The rapid proliferation of nursing degrees has meant that stakeholders may well be confused about the range of provision available and that employers may not know precisely what they are getting when they appoint a graduate nurse.

It will become increasingly clear that where some nursing degrees might suffer from lack of clarity in their purposes and where there appears to be lack of comparability between courses apparently offering the same award, these problems can also be found in many other subject areas in the current British higher education sector. Nursing degrees are one of a number of relatively new subjects to this sector and are challenging existing structures particularly with the need to develop clinical skills within an HE framework. The problems that were evidenced in our study of nursing degrees were often shared problems with other practice based subject areas.

Even within the population of nursing degrees there was evidence in our data of a wide range of course provision which appeared to be on the increase as institutions tried to meet the diverse needs of employers.

METHODS

This study set out to undertake a documentary analysis of curriculum documents. In doing so it aimed to:

- compare and contrast the way in which degree programmes are organised, the structures which support them, and their relationship with other programmes as described in curriculum documents
- examine the way in which content is described to determine how subject areas are delivered, the extent to which they are integrated and how they relate to nursing
- compare through an examination of learning outcomes, teaching and learning methods and assessment strategies, the way in which notions of academic progression and the achievement of degree level work are articulated in curriculum documents
- describe the range and nature of variation which exists nationally between programmes leading to the award of degree in nursing

At a superficial level the methods required of this study can be seen as a relatively simple process of gathering documents and systematically working through them in some way to gather data about degrees in nursing. Even at this level there were a number of problems which needed to be overcome.

Selection criteria and preliminary analysis

Decisions needed to be made about the way in which course documents would be sampled from the total population of degree courses in nursing. Our sample needed to reflect the range of ways in which a nurse might be awarded a degree in nursing. From the early stages of our work we were aware of the many different ways in which nurses could study for a degree. We were faced with an enormous array of degrees which had a broad remit such as health studies or degrees with a particular focus such as disability or community care. These degrees included large proportions of nurses who studied alongside students from other health professions. We decided to exclude these degrees from our sample as our intention was to compare courses offering the award of degree in nursing. We therefore focused on degrees pathways which were developed

primarily for nurses or nursing. This meant that the following types of degree were included in our trawl for documents:

- All pre-registration nursing degrees
- All post-registration degrees offering the ENB Higher Award
- Other post-registration degrees targeted exclusively at registered nurses

Exclusion criteria for post-registration degrees included:

- Degrees without nursing in the title which also recruit from other professions (e.g. Degree in Health Studies)
- Degrees in community nursing[4]
- Degrees recruiting exclusively from only one branch of nursing. (e.g. BSc Learning Disability)

Information about the courses available was taken from a range of sources including the UCAS Handbook for 1997, the ENB Applicant handbook for 1996 and university and UCAS web sites and prospectuses. Overall, 70 courses were identified which met the inclusion criteria.

Fifty-two institutions were contacted by post in the Spring of 1997, to request curriculum documents for specified courses leading to the award of degree in nursing. Contact consisted of an explanatory letter addressed to the official correspondent at each institution. A response sheet was enclosed on which institutions could state whether or not they were prepared to participate. They were also able to request further information and provide the name of a contact person for future correspondence.

One problem we encountered was that, even when institutions agreed to send documents, the practicalities of sending the right documents for the requested courses in a reasonable timescale was a problem for institutions who were either heavily into their summer assessment period, or away during the summer vacation. It was not uncommon for us to find, when chasing documents in the Autumn term, that the person who had been delegated the job of sorting out documents for us, had either retired or moved on to a new job. In these cases we often needed to repeat the whole process of requesting documents to ensure we received relevant course documents.

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[4] Some of the recently validated ENB Higher Award courses tended to focus on community nursing because they also offered the Specialist Practitioner Award. These were included in our sample.

In the end we managed to collect documents for 54 courses. Of these, some were of limited use in that important elements were missing, and although many institutions responded very quickly to our requests for more information, others were unable to locate the documents we needed. Details of our sample are included in Chapter 2.

The first stage of our data analysis involved the creation of a database of descriptive data relating to the range of provision represented in our sample. Documents were catalogued as they were received and coded for relatively crude descriptive data. This data was used to classify our documents and provide a map about the broad brush features of the courses in our sample. These data are reported in Chapter 3.

When viewed at a more complex level, the methodological problems were more about language and meanings than about coding strategies and the practicalities of managing the data. These were problems which arose because of the nature of the unit of analysis. They arose because the objects of our study were curriculum documents rather than actual course events. Our raw data were texts rather than any direct or indirect observation of events or behaviour and as such, our data-set had specific features which related primarily to the nature of curriculum documents as texts.

Curriculum documents as texts

A number a questions need to be addressed in order to fully explore the nature of the data under scrutiny. These are:

- the question of representation
- the question of function
- the question of audience
- the question of currency

What then do curriculum documents *represent*? What is it, precisely, that we are looking at when we analyse a curriculum document? Although they do not represent direct observations of events or behaviours they indirectly represent a record of curriculum development behaviour and are used as evidence of this at validation events. The question, therefore, is how faithfully these documents represent the actual processes and outcomes of curriculum development activity. This question is closely related to questions about *function* and *audience*. If, for example, the function of a curriculum document is to promote the idea of a course to an audience who will judge its worthiness to proceed, then the document will present the outcome of that activity in

the best possible light. Some events may be emphasised or obscured according to the perceived values of the intended audience.

Curriculum documents therefore cannot, unproblematically, be taken as a simple representation of course intention and the paper-based product of curriculum development activity. Neither can it be taken for granted that they represent what actually happens during a course. Curriculum documents may well represent an idealised view of the course in which the possibility of problems, such as constrained resources and organisational problems, are unlikely to feature.

If they cannot be taken to faithfully represent the course in action, what then is their value or *currency* and what can be learnt from their examination.

It became increasingly evident to us as we became engaged more closely with the documents that there were more commonalities in the manner in which course intentions were articulated than there were differences. As we shall see, there were quite dramatic differences in style of presentation, the clarity and structure of what was written. We were aware, however, that in spite of these differences, there was a similarity of language which was evident across the data set. This appeared to go beyond the formal structures of curriculum writing and was particularly evident in the words used to describe learning outcomes and assessment in terms of level and progression. This similarity of language use was also found in the GSP across the degree programmes they studied, (HEQC 1997c). This issue will be discussed elsewhere in the report[5] but for now it is important to understand that curriculum documents may have embedded in them commonly used structures and language systems which might indicate the influences which played a part in the way in which course documents came to be constructed. Through the study of its discourses, the curriculum document therefore can be seen as a key to revealing the range of influences on actual curriculum development activity. These discourses, therefore, may represent a degree of shared understanding between course developers, validating bodies and potential employers. The degree of shared understanding may well vary more than participants are aware, and particular forms of representation may lead to greater or lesser degrees of *mis*understanding.

It is important also to emphasise that curriculum documents are not in themselves causal, in the sense that they don't have a direct causal relationship with actual outcome or the product associated with a particular award. Many other factors can intervene

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[5] See Chapter 4

between intention and actual outcome. Curriculum documents can, however, be seen as causal in the sense that they have causal powers and limitations and describe the mechanisms through which an intended outcome could, potentially, be realised (Sayer, 1992). Embedded within curriculum documents are a range of hypotheses about causality. If students experience x, y and z then they should have a, b and c qualities and skills when they finish their course. In this way curriculum documents can be seen as arguments for a particular relationship between a unique mix of structure, process and content, and a specific range and level of learning outcomes.

At another level they are also marketing tools. They are frequently produced as a requirement of some validation activity where they will be used to argue that a course proposal is worthy of implementation. It is the first evidence upon which decisions are made about whether the course meets the standards of a particular audience. These audiences might be internal in the form of the institutions quality assurance structures, or external in the form of professional/statutory bodies. Its value in this sense is as an indicator of the values and norms in operation within the particular system of quality assurance.

The curriculum document often reflects external pressures and influences operating on the students and employers at the time of writing. In making a case for need, (after all, a course is only worthy if it can attract students), a curriculum document will often make reference to its intended market and describe how it will better meet the needs of employers by reflecting current issues in the NHS. As such, the curriculum document can be a useful mirror on the times.

If courses are fundamentally different at the level of their articulated intended aims, then it is considerably more likely that they will be different in their actual delivery. Through examination of the overt intended aims or learning outcomes and related structures, the curriculum document represents a valuable point of comparison. There is a national movement towards greater comparability and clarity of purpose in undergraduate provision per se. If the concern in nursing is to ensure that there is comparability between courses offering the same award, then it is valuable to begin this comparison at the level of intention articulated within curriculum documents.

Curriculum documents are also temporally situated. Their relationship with what actually occurs within a course must inevitably decrease over time, as external influences act on the way in which a course is actually experienced. For each document it is important to ask what is its *currency*, not just in terms of its academic worth but also in an historical sense. The rate and frequency of change within the NHS has been

extensively documented. The extent to which a document reflects the working world into which its students graduate will depend on when a particular document was written. It might therefore be expected that courses validated several years ago will be different from those validated recently. This issue therefore must be taken into account in attempts to make comparisons between courses. Time of validation, nature of quality assurance structures within particular institutions, and the character of local employers will all influence the way in which course intentions are presented and the particular arguments used to promote it.

In depth analysis

In our attempts to compare curriculum documents at a more complex level, we took as our starting point the aims and learning outcomes expressed at both course and module level. We trawled the total set of documents for their overall course intentions to get a sense of how student achievement at graduate level was differentiated from other types of award at sub-degree level. From the information we generated during this process we selected a subset of 15 documents which represented the broad range of course outcomes. For example, pre-registration courses, post-registration courses and courses leading to the Higher Award were all represented in similar proportions to the number in each category in the main sample (6, 5 and 4 respectively). Similarly, we ensured that the range of different types of institution were amongst the subset although not necessarily for each course. Ten of our subset were courses from new universities, three were from old universities, two were from colleges of higher education and one was from a college of further education. Specific courses were included within each criteria on the basis of the most comprehensive and accessible documentation. That is to say documents which offered the widest range of information were included before those which offered a limited range of information. In our preliminary analysis we used an heuristic devise to categorise documents in terms of their apparent functionality and curriculum approach. Four broad categories are described in Chapter 2 and we used these in an attempt to ensure that we had documents which appeared to be qualitatively different within our subset although we accept that such discrimination is somewhat arbitrary.

The 15 documents in our subset were examined in some depth. In particular, we explored the way in which course philosophy, learning outcomes, and structures relating to teaching, learning and assessment were articulated for each course. This was to provide information about how learning outcomes were supported by other structures described in documents.

Our final task was to explore, in some depth, how course documents represented the concepts of graduate nursing practice and graduateness per se. To this end we examined the learning outcomes and supporting structures for modules focusing particularly on 'nursing' and level three research modules.

From this analysis we have constructed a variety of models through which to compare course structures shown in Chapter 3 and have discussed the themes of academic level and graduate level nursing in Chapters 4 and 5. A 'mind map' is attached as Appendix 1. This represents the structure we used in the early stages of our in-depth analysis to guide the way in which we approached the more complex aspects of curriculum documents.

Chapter Two:
THE RANGE AND NATURE OF COURSE PROVISION

As documents were received, they were catalogued and coded for simple descriptive data which would form the basis of our preliminary analysis. This chapter describes some of the information gathered during this first phase, about the characteristics of the sample of courses included in the study.

SAMPLE CHARACTERISTICS

At the start of the project in May last year, 52 Higher Education Institutions were invited to send course documents for pre-registration and post-registration degrees in nursing. It was anticipated that a maximum of 50 course documents could be analysed over the period of study.

Thirty-two institutions have participated in the study and have sent us documents for a total of fifty-four courses. The way in which this total is distributed across the range of course provision is as follows:

- 22 pre-registration degrees
- 11 post-registration degrees with Higher Award
- 17 post-registration degrees (non Higher Award)
- 4 documents submitted but not eligible for inclusion

Of the institutions which have not sent us documents, 7 declined to participate and 10 have had no contact with us since our first letter was sent out. Over the year we have tried to make contact with these institutions with varying success. Sometimes a non response has been due to changes in institutional structures, the person who received the initial correspondence changing jobs or retiring during the summer. For other institutions we were asked to negotiate with members of staff who were difficult to access.

Of the four documents not eligible for inclusion, three fell outside the brief of our project. This included two pre-registration courses leading to an Advanced Diploma award, and one course leading to a masters degree. The fourth document in this category was a draft curriculum which contained insufficient detail to be catalogued. Although most institutions have been willing to sort out mistakes, this has taken

considerable time. It was particularly difficult to make contact with appropriate people over the summer period when staff were on holiday or working at home. A few institutions agreed to send documents but needed to be reminded before documents were received.

Descriptive analysis

As course documents were received, each was coded for simple descriptive variables which were entered onto a database. This database was used to generate an overview of the range of courses received and some broad categories through which we could engage with the more complex information contained within curriculum documents.

Some of the fields used to code documents at this stage were more useful than others. We tried, for example, to code different entry requirements for each course. As we encountered more and more documents it became clear that the notion of entry requirements was expressed in many different ways and a relatively crude coding system was not going to be sensitive enough to record meaningful data without further refinement. In a similar way, attempts to categorise structure in terms of module types were not particularly successful or meaningful. The main value of these attempts has been to help us pay attention to particular issues in our first trawl of documents and familiarise us with the numerous ways in which these attributes are represented in course documents. This process of familiarisation has helped us engage with documents at a more complex level as we enter our second phase of data analysis.

Four types of institution are represented in the project sample. Table 1 shows the spread of courses across institution types. It is clear from the data that our sample included more courses from new universities than any other type of institution. Information gained from our earlier trawl for courses suggests that this is a reasonable representation of the spread of courses throughout the university sector and NHS regions.

Table 1: Spread of courses across different types of institution

Type of Course → / Type of Institution ↓	Pre registration	Post registration with Higher Award	Post registration	Totals
Old University	6	3	5	14
New University	14	6	8	28
College of Higher Education	1	2	1	4
College of Further Education	1	0	3	4
Totals	22	11	17	50

Locating courses involved the systematic use of published material from the ENB, UCAS, the internet and from institutional prospectuses. This process highlighted the lack of a central system for cataloguing or accessing information about degrees in nursing. It also highlighted the complexity of undergraduate provision and the context of change in which these courses were developed.

Title of award

The most common award in our data set was Bachelor of Science. In our preliminary analysis, we cross referenced the type of course with the title of degree award. There did not appear to be any consistent relationship between the title of award offered and the type of course. There were examples of institutions submitting documents for two separate courses, one offering a Bachelor of Science and the other a Bachelor of Arts. Whilst this particularly illustrates the arbitrary nature of the title of award, it was not a common feature. More often, where there were several courses from the same institution, they all led to the same award. It is interesting to note that Bachelor of Nursing awards all appear to be located in old universities who have a long and established history of offering degrees in nursing. This might suggest that the title BN is a remnant from a time when degrees in nursing were unusual and needed to reflect the special nature of a degree which had within it a significant proportion of clinical practice. It remains, however, that within curriculum documents there was very little information or detail about the rationale for the particular title of an award. This situation is not unique to nursing degrees. The Graduate Standards Programme found this to be a general problem within UK higher education generally. They report that:

"Considerable disparity of practice has been found in approaches to the nomenclature of awards. There are examples of titles that do not show clearly the level and nature of an award, or whether an award involves an element of practical experience or bestows a licence to practice" (HEQC, 1997a: p12)

The following table shows how different award titles are distributed across the range of course provision.

Table 2: Distribution of award title

Title of award → / Type of course ↓	Bachelor of Nursing	Bachelor of Science	Bachelor of Arts	Totals
Pre registration	4	14	4	22
Post registration with Higher Award	1	9	1	11
Post registration	1	14	2	17
Totals	6	37	7	50

Mode of study

Preliminary analysis also gave us the opportunity to review the mode of student study. In this we expected to find differences between pre- and post-registration courses given their different starting points and these expectations were well founded. It was interesting to note the number of pre-registration courses offering optional part-time routes through the course. There was evidence in our data to suggest facilitating such opportunity might demand a complex juggling of the required theoretical and practice elements to accommodate part-time modes of study.

A number of the post-registration courses offering a full time route combined the practice-based philosophies and outcomes of the Higher Award and Specialist Practitioner. On one course this full time mode required managerial support in order to complete the outcomes which included 1 - 2 days classroom based learning and 2 days in practice. This post-registration course illustrated the question of the academic value of practical experience which has been an issue for pre-registration degrees for a considerable length of time. Although higher education institutions are increasingly incorporating experiential elements of nursing degrees into their academic credit

frameworks, there is still evidence that in some institutions practical placements are seen as an "add on", somewhat outside the formal institutional structures[1].

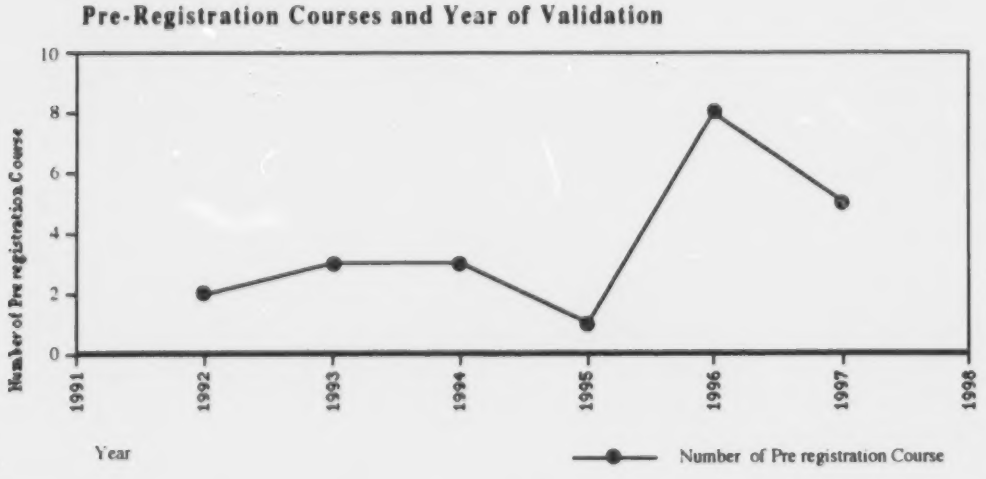
Table 3: Mode of study for type of course

Mode of study → / Type of course ↓	Full time	Part time	Choice	Totals
Pre registration	19	0	3	22
Post registration with Higher Award	0	6	5	11
Post registration	0	7	10	17
Totals	19	13	18	50

YEAR OF VALIDATION

It has been mentioned earlier that curriculum documents are temporally situated and their currency is dependent upon the length of time which has passed since validation. In this section, we describe courses in terms of their year of validation and discuss some issues which relate specifically to the passage of time. Each type of course will be considered in turn.

Pre-Registration Degrees



[1] This issue is dealt with in more depth in Chapter 5

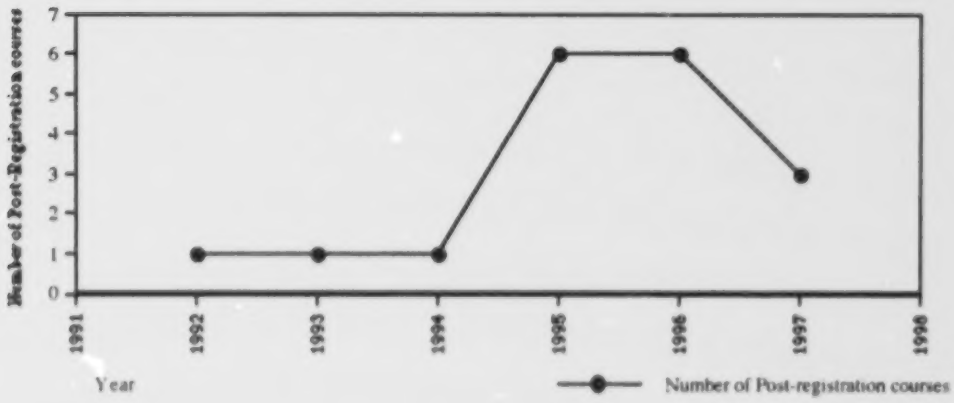
Within the sample we received several documents validated in 1992, where the five year validation period would have ended during the life time of our research project. Given their age they probably had least connection with the students actual learning experience or current practice. They were, however, interesting as an historical record of a particular point in time and comparing these documents alongside other more recent ones provided evidence of how much change had occurred in the six intervening years and how much curriculum developers had to take into account when revalidating courses. On the other hand there were elements which have been static throughout this period such as the need to meet the requirements of Rule 18a and the pre-registration structure of common foundation and branch programmes.

There were a number of factors which potentially impacted on the rate of curriculum activity. The increasing demand for graduate nurses has already been mentioned. In today's changing political climate, it is widely recognised that there is a changing emphasis on skill mix resulting in fewer qualified nurses and midwives. In one course document this was interpreted to mean that nursing and midwifery services will require practitioners with higher levels of knowledge and skills, (4.17.93).

Another interesting feature of the pre-registration degrees was the sharp increase in number of curriculum documents dated between 1995 and 1996. This may have been in response to the lifting of the moratorium on three year degrees during the life of the TYDE Project (Phillips et al., 1996). For many institutions, the opportunity to offer a degree programme with professional registration over a period of three rather than four years gave them a market advantage and a chance to maximise their use of resources for maximum level of outcome.

Post-Registration Degrees

Post-Registration Courses and Year of Validation



The picture for post-registration degrees was somewhat different although there was still evidence of a particular increase in activity during 1995.

The reason for this might lie in the publication of documents by both the UKCC and the ENB advocating the importance of life-long learning to professional practice (UKCC, 1994; ENB, 1994). One post-registration course document states that:

> *"Learning outcomes have been generated that aim to develop the competence of practitioners beyond initial registration to proficiency and mastery..."* (5.49.97)

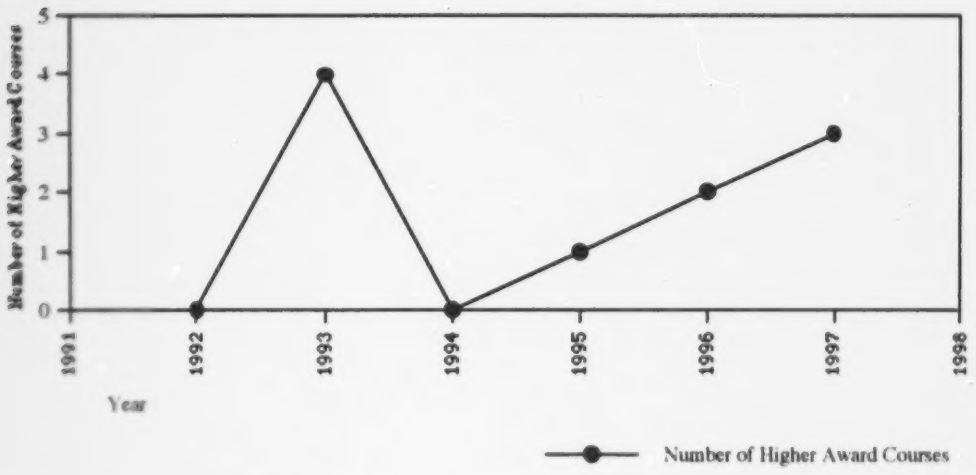
Also, as a direct result of Project 2000, there was a growing number of nurses qualifying at diploma level during the mid 1990's who, given the trend towards an all-graduate nursing profession, represented a large potential market for post-registration top-up degrees.

There was also a strong sense in many of the post-registration documents that nurses and employers were keen to upgrade their qualifications to degree level in the belief that they would be better prepared for the changing demands of practice. One course, for example, states in its rationale that :

> *"The fields of health care provision is subject to rapid and major change, and current demands are now requiring nurses and midwives to become expert practitioners. These practitioners are required to demonstrate high level practical skills that are underpinned by relevant theoretical and conceptual knowledge".* (1.3.96)

Post-Registration Degrees with Higher Award

Post -Registration Higher Award & Year of Validation



The Post-registration with Higher Award pattern illustrates how in 1993 there was a rapid response to the development of the ENB framework in 1992. One possible explanation for the subsequent lull in curriculum development in 1994 may be the development of the role of Specialist Practitioner (UKCC, 1994). The Higher Award, unlike the Specialist Practice Award, is not recordable with the UKCC. This may have created an interest in courses leading to Specialist Practice Awards combined with courses offering the Higher Award. A number of Higher Awards in our sample were validated in recent years. This might suggest that the Higher Award does appear to be attracting some interest. It's potential attractiveness to employers is its grounding in practice and the flexibility of pathway and mode of study.

It must be emphasised that in this section, each course type was only represented by relatively small numbers and these rates may not indicate general trends in the total population of courses. Taken together, however, there was some evidence of an increase in curriculum development activity between 1994 and 1996.

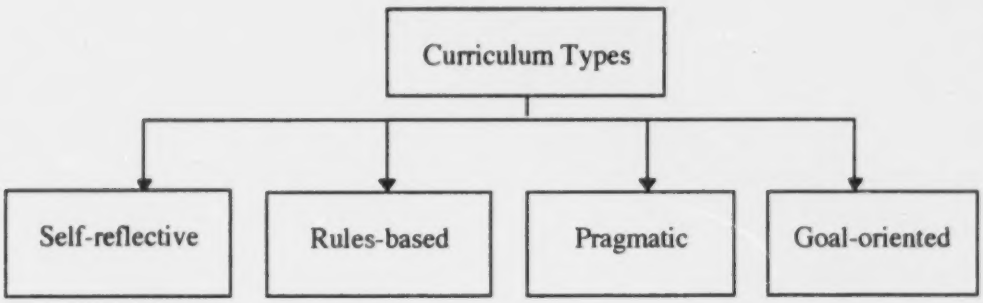
CURRICULUM TYPES

This section provides a working model of our early conceptualisation of curriculum types and shows how we began to understand particular styles of document. These styles may suggest different possible starting points for curriculum development.

There was considerable variation in the range of curriculum documents in our sample. We recognised that each course was contextually situated in a given time and place, and that the course document was representative of the institutions response to this unique context. Each document had its own style, construction and different strands of discourse.

From our preliminary analysis we identified four main categories to differentiate curriculum types. We used these categories to characterise a particular approach or feel for the functionality of a given document.

These categories are illustrated in the diagram below:



All four models had their own strengths and weaknesses. The order in which they are presented here is arbitrary and is not intended to represent any hierarchical positioning.

1. Self-reflective

This type of curriculum was characterised by its sense of tradition, internal sense of worth and vision, and had an inward, as opposed to outward, feel. These curricula appeared to be grounded within the context of a particular faculty, school or department which gave the documentation an introspective tone. There was a sense that curriculum development had focused on existing patterns of knowing and doing, rather than on external requirements and new thinking. There might have been a positive dimension in this perspective in that the curriculum builds on existing academic strengths and

experiences of that particular department. Although very few course documents fell into this category, those that did appeared so different from the rest of the sample that we felt it was useful to categorise them separately.

2. Rules Based

This type of curriculum was characterised by the way it presented and adhered to the 'rules'. Rules could originate from external forces such as the ENB, EC, UKCC or they could be internal to the institution, such as credit rating, modular hours, assessment type. This type of curriculum appeared to be developed from and within these rules, which were portrayed as rigid and immovable structures. The learning experience was constructed as a series of rule generated hurdles to negotiate. These curricula were likely to make many demands on students and staff in terms of the complexity of its processes. Through the module by module replication of hurdles, the volume of work and experiences required of students and staff would be increased.

3. Pragmatic

This curriculum type was pragmatic in the sense that it appeared to have considered the rules, and looked at its internal structures and context to develop a 'best fit' solution. Within this category there was evidence of problem solving activity surrounding the rules and their impact on the unique context of the particular institution, course and contemporary practice. The curriculum was acknowledged as having a limited shelf life and the final document appeared to represent the 'best fit' between resources, structures and processes.

4. Goal-oriented

The documents we characterised as goal-oriented appeared to have as their focus a vision of the kind of nurse they aspired to develop. Embedded within the text was a consideration of the fundamental components of the product and what was required to achieve it. Curriculum development, in this case, might be seen as a reverse journey from the destination to the source during which the course structure is mapped out. Often what was most apparent in the course philosophy and rationale, was a sense of purpose which went beyond a mere replication of the discourses of formal guidelines and policy documents. There was usually a clear description of how the course aimed to facilitate student achievement and why a particular vision was aspired to. There was sometimes evidence of creative ways of articulating vision in course structures which could sometimes mean a move away from established practices.

It is possible that embedded within these curriculum types were different educational ideologies. Caldwell (1997) claims that *"educational ideology is a major factor in the*

development of any curriculum" (1997: p142). She proposes four types of ideology drawing on earlier work by Davies, (1969). These are conservative, revisionist, romantic and democratic. She suggests that nursing curricula are moving away from the "romantic ideology" of student-centredness and autonomous learning to a more revisionist ideology which emphasises developing an appropriately skilled practitioner. Our four curriculum types corresponded broadly either to Caldwell's conservative ideology, with its emphasis on tradition, stability and continuity (self-reflective and rules based curriculum types) or her revisionist ideology (pragmatic and goal-oriented). As with Caldwell's model, it is possible that such evidence of the influence of educational ideologies is indicative of the prevailing social and political ideologies of the time. Most of the documents in our sample were developed during the 1990's during which time there was a general emphasis in social and economic life, on efficiency and rationalisation. The emphasis on employability and skills development might be attributable to the increasing interest during this time in competency based training schemes leading to National Vocational Qualifications.

SUMMARY

The range of issues raised within this chapter are as follows:

- descriptive analysis showed the spread of courses across types of institution, title of award and mode of study
- year of validation was an important factor when considering currency of course documents. This has been discussed in relation to types of award
- curriculum types have been differentiated according to four main categories: self-reflective, rules-based, pragmatic and goal-oriented
- preliminary analysis pointed to the arbitrary nature of decisions relating to title of award
- on the whole our sample was reasonably comprehensive and offered a good range of course provision both in terms of geographical spread and institution type.

Chapter Three:
STRUCTURAL ANALYSIS OF CURRICULUM CONTENT

INTRODUCTION

What was increasingly evident as we examined course documents in more depth, was the extent of variation in structure which existed amongst courses that appeared to have comparable course aims and outcomes. Whilst we anticipated some variation, the project data suggests that this variation was wider than anticipated and was present across all types of nursing degrees.

Within the data there was evidence of a number of internal and external influences on institutions. Some of these influences were generic in impact, others were course specific. A key structural factor which remained constant and generic was that the demand for change was ever present. It has already been noted that course structure was informed by the date of its validation[1]. The year of validation reflected particular influences on structure which were apparent at that time, but which have changed significantly since. One example of general structural change has been the semesterisation and modularisation of courses. In our sample, all courses operated a modular system within semesters. There was, however some variation in structure in spite of this general conformity to the principles of semesterisation with some institutions operating a two semester year and others operating with three.

With these changes came the need to accredit each part of the course. Within the modular structure we found a lack of comparability across all course types especially with regard to the amount of credits different modules were awarded[2]. This was even the case in instances where module aims, content and outcomes appeared to be otherwise comparable. Some courses had specific formulas for determining the amount of credits awarded for each module. This course for example states that:

> *"The standard module size within the Scheme is a sixth of a year (FT), representing notionally 180 hours of student study time and generating 20 credits at an appropriate level."* (1.43.96)

These formulas might relate to notional learning hours as in the above example or the amount of work undertaken by the student within the module. Others did not present a coherent method for the distribution of credits through modules. This conforms to the

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[1] See Chapter 2 pages 14 to 17
[2] See Appendix 2

national picture of credit rating in the UK higher education system, and the concerns raised nationally about the variability in credit rating systems are equally applicable to nursing degrees. The Graduate Standards Programme showed that:

> *"there are inconsistencies in the way that institutions use credit as an internal accounting mechanism. For instance, significantly more credit may be required in one institution than in another for a student to progress from one stage of a modular structure to the next"* (HEQC, 1997a: P11)

These influences within higher education occurred alongside changes within the NHS. The influence of these changes on course structure has been the increased 'politicising' of health and health care. Within the last five years successive governments have had health and health care high on their political agendas. There have been ongoing reviews, investigations and evaluations of how, as a nation, we can provide effective health care and how health professionals should best be educated for practice. Curriculum documents cited a number of reports as major influences on their structure and content although it was often not clear how these influences had impacted on the curriculum. The cited influences included:

- A Vision for the Future: the nursing, midwifery and health visiting contribution to health and health care. (DOH 1993a)
- The Challenges for Nursing and Midwifery in the 21st century: The Heathrow Debate. (DOH 1994a)
- Strategy for Research in Nursing, Midwifery and Health Visiting: The Report of the Task Force. (DOH 1993b)
- Nursing Midwifery and Health Visiting Education: A Statement of Strategic Intent (DOH 1994b)
- The Report of the Clothier Committee: The Allitt inquiry.(1994)
- The Report Junior Doctors: The New Deal (NHS Management Executive 1991)

Other general sources of influence cited in documents were research and policy reports published by the ENB and UKCC. These reports were referred to within discourses of professionalisation, personal responsibility, autonomy, lifelong learning and reflective practice within a multi-disciplinary context of care.

Route specific structural changes

Pre-registration

Some of the external influences on pre-registration degree structure have remained constant over the last five years and other aspects have changed. Listed below are the factors to which curriculum documents were likely to attribute their structure and content.

- Rule 18a
- a minimum of 4600 hours equally divided between theory and practice
- specific clinical placements structured into the course to meet the European Union requirements for Adult Nursing.
- the educational philosophy advocated in Project 2000 course guidelines
- the lifting of the ENB moratorium in developing 3 year pre -registration degrees

Post-registration

The post-registration arena has also been effected by a number of forces for change. Those most commonly referred to in curriculum documents are listed below:

- the 10 Key characteristics of the ENB Higher Award[3]
- requirements within the PREP framework
- the development of the Specialist Practitioner role
- the pool of newly qualified Dip. HE students
- the move towards an all graduate profession
- the market potential of post-registration degrees for HEI's[4]

COMPARISONS OF STRUCTURE

In comparing course structures we first looked at differences and similarities between pre- and post-registration courses. As anticipated, there was variation which could be attributed to external factors. This variation was greater than expected and not limited to either pre- or post-registration courses. What emerged from the data was that course structure was primarily influenced by internal factors and was a product of how

[3] These were also sometimes used to inform courses which did not actually lead to the Higher Award
[4] Higher Education Institutions

institutional constraints and demands were managed alongside external requirements. One way in which courses varied in terms of structure was in opportunities for shared learning. Although all courses offered some opportunity for shared learning with students from other courses, there was variation in the range of students involved in such sharing arrangements. The table below shows the extent of sharing across 5 different categories of students[5]:

Sharing with:	Pre-reg courses	Post-reg courses	Higher Award
Other nurses	20	17	9
Midwives	10	9	6
PAMs	5	5	1
Doctors	1	0	0
Non health prof.students	5	7	0

It is clear that most shared learning is with students from other nursing courses and between nursing and midwifery students. There was very little sharing other than between nurses and midwives for courses offering the ENB Higher Award and only one course had opportunities for shared learning with medical students.

Pathway models

There are a number of different ways in which the overall course structure can be conceptualised. The following 5 models represent the range of ways course structures can be construed and represented within the curriculum documents. It must be emphasised that these models represent only the articulated aspiration and not the actual experience of those involved. Within each model there are examples of courses which display coherence throughout, and other examples which appear to be more fragmented. The following models, therefore, are not meant to reflect value judgements about the quality of course structures but are offered as a means of describing the range of variation.

Although we have tried to provide qualitative indicators of the prevalence of each model described, we have not included numerical data relating to prevalence and this is intentional. Our method of analysis involved establishing a small number of hypothetical models and, by paying particular attention to negative or disconfirming

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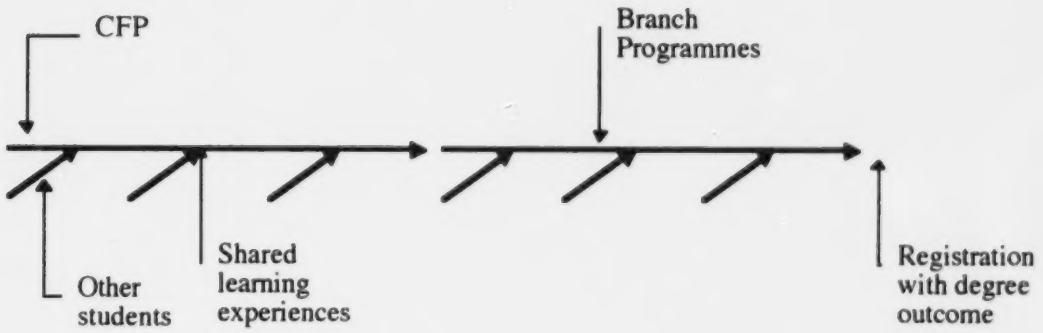
[5] Several courses shared with several different types of students and each instance of sharing is counted separately in the table.

cases (Lincoln & Guba, 1985), these models were extended and revised so that all curriculum documents could be accounted for within the range of models described. The models described are not, therefore, intended to be mutually exclusive categories. Some documents occupied a relatively grey area at the margins of two or more of these models and although they were broadly accounted for within the total set, a simple and artificially constructed frequency count could have been misleading.

The models described below were constructed around the themes of progression, shared learning and choice.

Model 1. The Traditional Pathway

This structure was found in only a small number of pre-registration course documents and can be represented by the following diagram.



This model was characterised by a consistent and singular movement towards the development of a nurse graduate. It appeared to be based on the historical proposition that the theoretical parts of the course have more weight than practice in achieving a graduate level award. This structure, whilst not that common, was different enough to warrant its own separate description. There was a strong sense of tradition as these were among the earlier validated courses.

Progression through the course was by 'stepping stones' along a linear pathway. The CFP was likely to lean towards adult nursing with mental health the most common branch partner. The partner branch appeared to be subsidiary, not only in terms of student numbers, but also in terms of being an 'add on'.

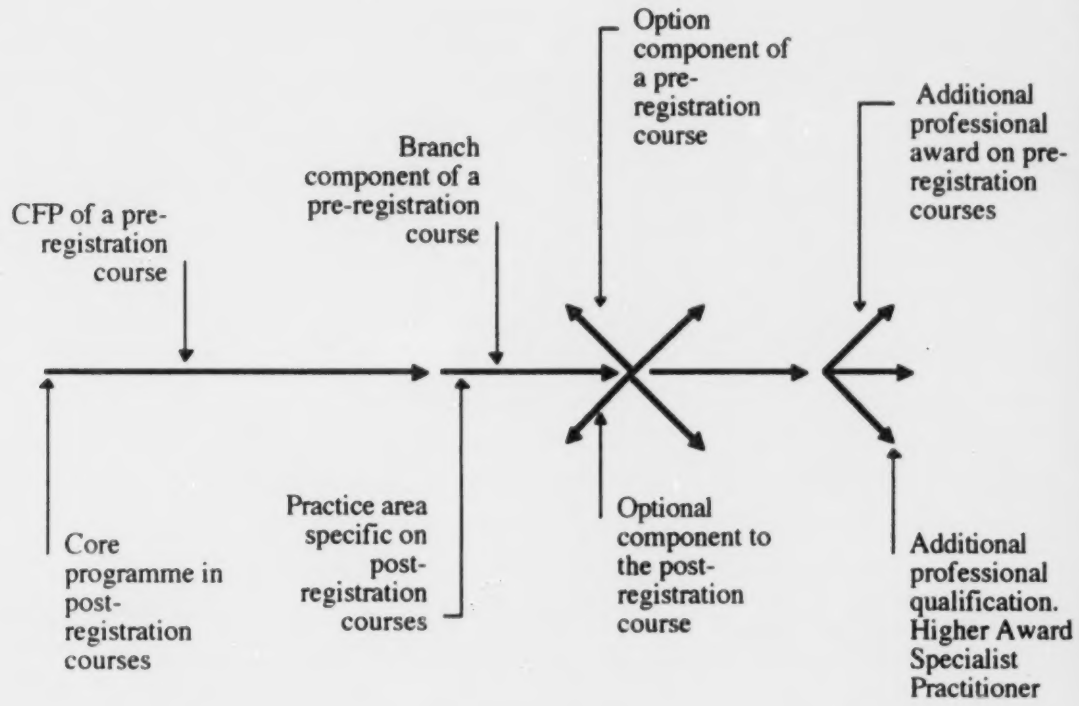
This type of course structure had a tendency towards traditional methods of teaching and learning with little opportunity for shared learning. Where shared learning did

occur, it was likely to take the form of large lectures taken with other health care or subject based undergraduate students.

There was an obvious resonance between this model and our 'self-reflective curriculum type' or Caldwell's conservative educational ideology, (Caldwell, 1995).

Model 2. Structured Pathway: With Additional Features.

This type of structure was found in a number of pre- and post-registration courses and can be represented in the following way:


Option component of a pre-registration course
Additional professional award on pre-registration courses
Branch component of a pre-registration course
CFP of a pre-registration course
Practice area specific on post-registration courses
Optional component to the post-registration course
Core programme in post-registration courses
Additional professional qualification. Higher Award Specialist Practitioner

This structural model was the third most common. Courses which appeared to have a clear sense of vision about the graduate nurse and her/his theoretical and practice requirements tended to exhibit a history of evaluation and proactive development of the course and its staff. A few courses in this category lacked this sense of vision and the structure appeared to have been adopted as a necessary extension or reactive adaptation of existing course provision. The overall model consisted of a structured beginning which was broad in perspective, becoming more focused and specific to a branch or particular area of practice as the course progressed.

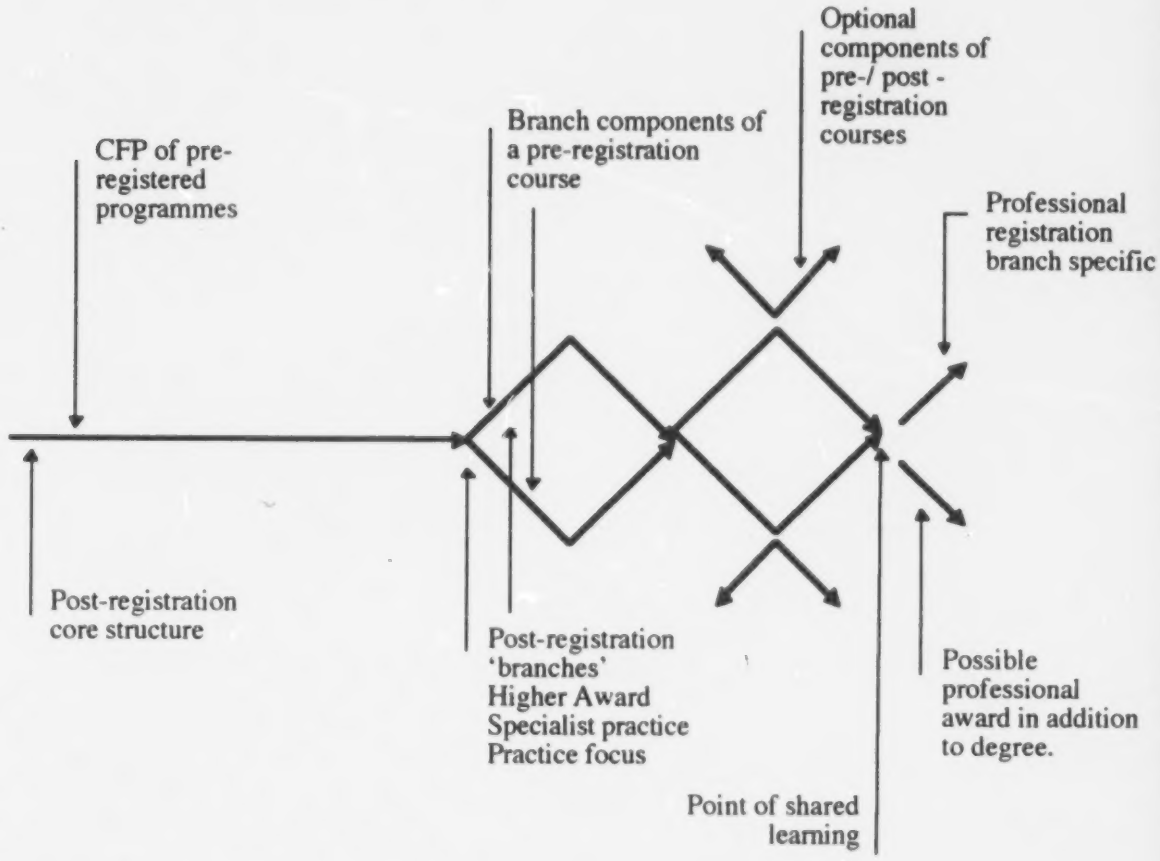
There were two kinds of pre-registration course within this model. Firstly, there were those where the CFP was presented as foundation studies and the subsequent branches had optional modules of study. These occurred more frequently in the recently validated courses. Optional studies could either be free choice or a choice between two alternatives. The range of choices included languages in some courses in preparation for an elective experience abroad, or a subject from outside the nursing course.

On the other hand there were courses which had additional parts to the course which enabled the student to achieve a Specialist Practitioner award in Public Health Nursing, Community Nursing or Care of the Mentally ill in the Community. This particular structure was found mainly in post-registration courses which were validated before 1995. Some courses of this type offered the Higher Award as one of the options. These documents often reflected historical requirements prior to the implementation of PREP in 1995.

In some senses this model represents curriculum documents which would fall into one or other of Caldwell's democratic and revisionist categories, (Caldwell, 1995). This corresponds loosely with our notions of goal-oriented and pragmatic curriculum types. Documents which were characterised by equity, creativity and vision fell into the democratic/visionary category. Those which appeared to be responding to economic and efficiency demands fell broadly into the revisionist/pragmatic category.

Model 3. Structured Pathway : Core & Shared Elements

This was the most common type of structure found and related to both pre- and post-registration courses.


Optional components of pre-/ post - registration courses
Branch components of a pre-registration course
CFP of pre-registered programmes
Professional registration branch specific
Post-registration core structure
Post-registration 'branches' Higher Award Specialist practice Practice focus
Possible professional award in addition to degree.
Point of shared learning

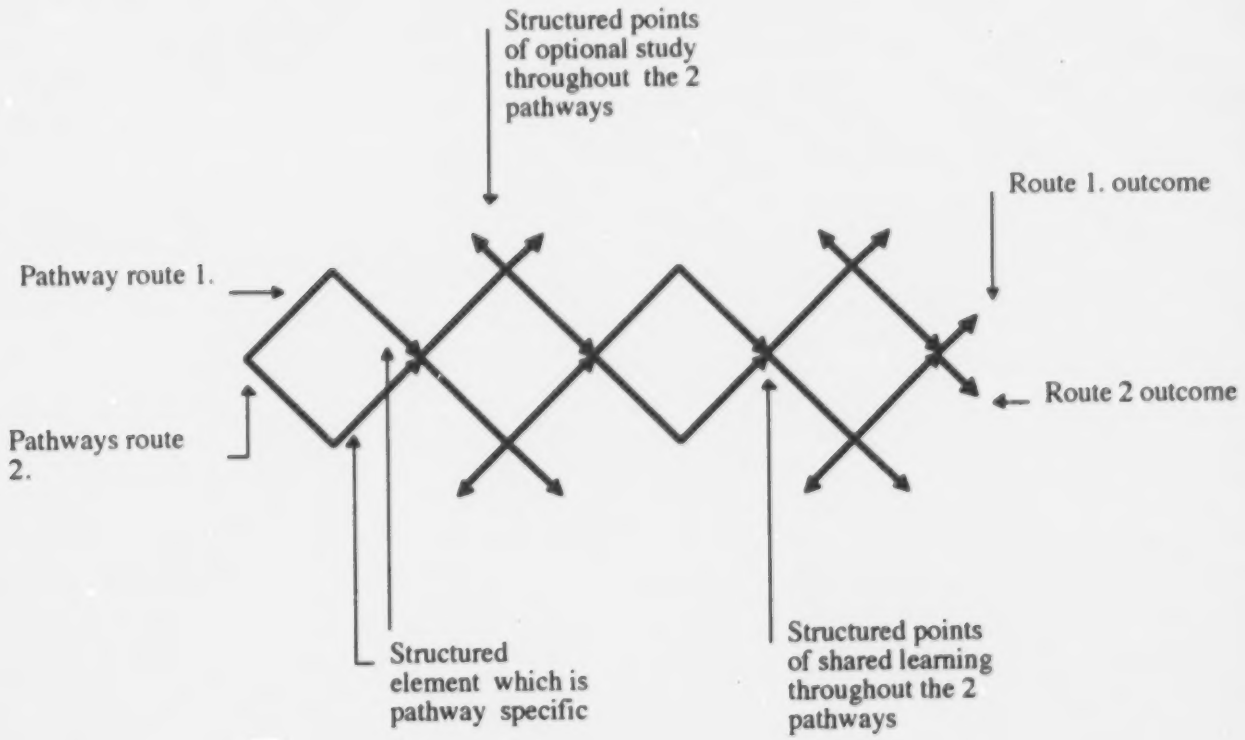
Where there was coherence, progression towards graduate status was via a pathway which appeared to place value on both theoretical and clinical learning experiences. Coherence would characteristically be achieved through the professional focus of the pathway, initially within the CFP/Core. In the latter part of the course there would be divergence from the CFP/Core to pursue 'branch' focused study. This 'branch' part of the course might have optional modules in a pattern of provision comparable to Type 2. In addition there may be more opportunities to share modules in professional issues, management or research with other health professionals such as midwives.

Where coherence was lacking, within only a small number in this category, the student might typically move through a sequence of theory and practice experiences towards their degree award. Here there was a rhetorical feel to this notion of graduateness in that it did not appear to be closely linked to students' learning experience.

Pre-registration courses which appeared to be cohesive would provide a strong sense of the professional focus of each branch along with a relatively clear conceptualisation of the graduate nurse. The similarities and differences between branches were acknowledged. Some institutions may have developed all the branches together to degree level whereas others developed the adult pathway first and upgraded existing diploma branches with successive validations. The absence of the Learning Disabilities branch within this model might indicate its movement away from nursing and towards shared learning with social work. This model tended to reflect a mixture of ideologies. Some courses appeared quite traditional and resonated with the rules-based curriculum type whilst others seemed to fit more closely with the pragmatic type.

Model 4. Cross Pathway: Shared Learning

This pathway relates to pre- and post-registration documents and is most common among the courses validated after 1995.

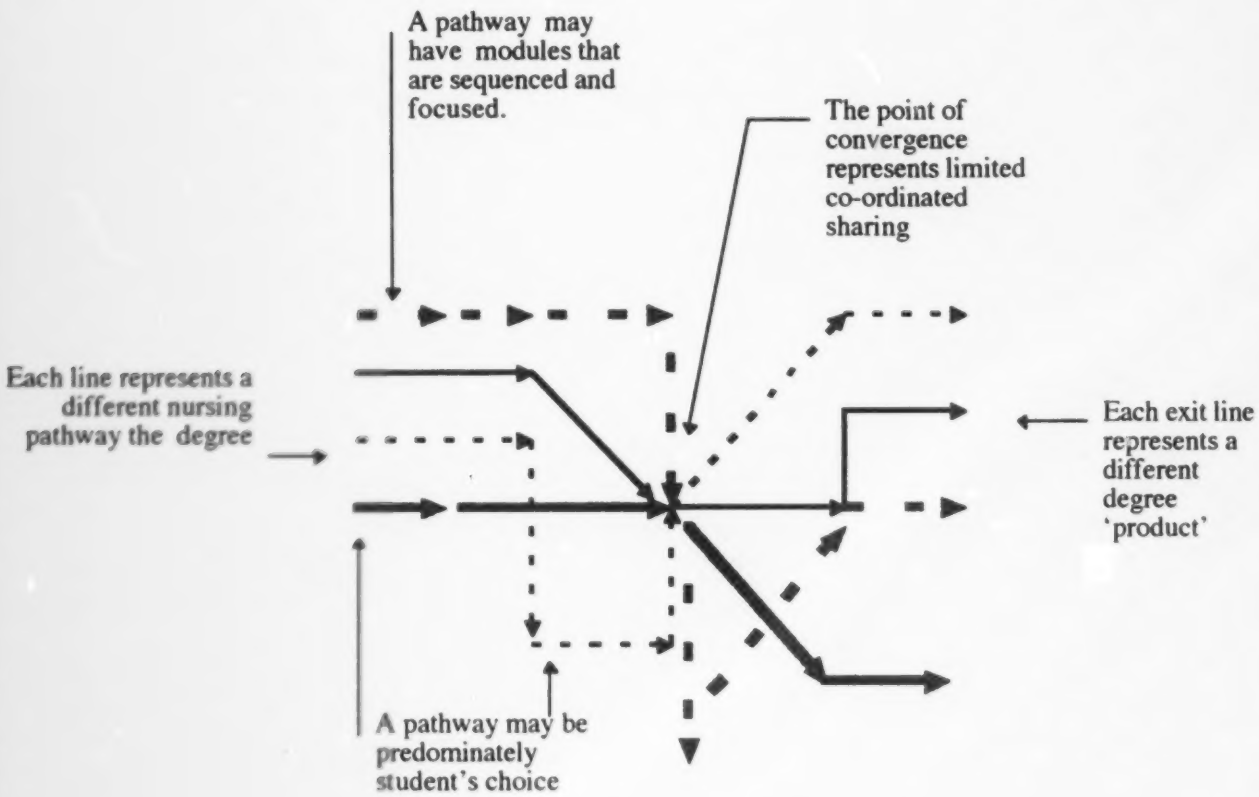

Structured points of optional study throughout the 2 pathways
Route 1. outcome
Pathway route 1.
Route 2 outcome
Pathways route 2.
Structured element which is pathway specific
Structured points of shared learning throughout the 2 pathways

The key feature of this model was the way in which the degree programmes were structured to optimise shared learning opportunities. On the diagram the pathway routes and outcomes labelled 1 & 2 relate to the 'packaging' together, in one curriculum, of a number of professional degrees. The pathways may relate to pre- & post-registration nursing, post-registration nursing & midwifery, or a nursing route on a department/faculty wide modular scheme.

One fundamental difference between this model and others was that sharing existed throughout the course rather than predominantly in the latter half. The focus of shared learning was similar to the other models described, but here there appeared to be a greater concern for continuity of this experience and a movement towards multi-disciplinary education throughout the course. This is not to suggest that these courses were moving towards a generic health care practitioner. It is more that they supported the concept that health care professionals share generic learning needs which can be facilitated by a programme of integrated theory and practice which is sufficiently flexible to be grounded in the individual's area of practice. A particular challenge presented by this model was how to adequately track students progression throughout their course.

Model 5. Multiple Pathway

This final model was found primarily in post-registration courses and it is perhaps the most complex.


A pathway may have modules that are sequenced and focused.
The point of convergence represents limited co-ordinated sharing
Each line represents a different nursing pathway the degree
Each exit line represents a different degree 'product'
A pathway may be predominately student's choice

This course structure was found in a small number of post-registration courses but like the first type it was sufficiently different to warrant inclusion. Unlike other models this one did not appear to be linked to a particular time of validation. The outcome of these courses could be a degree with Higher Award and/or Specialist Practice. Courses of this type which appeared to have coherence, tended to have a rational strategy of offering a focused collection of modules or enrolling students onto individual modules for specific purposes. Courses which didn't appear to have such a rationale appeared confusing and over complicated.

BALANCE OF THEORY AND PRACTICE OVER TIME

The challenge of structuring theory and practice in a balanced way within a professional course such as a nursing degree should not be underestimated. Pre-registration and post-registration Specialist Practitioner courses have to meet externally imposed regulations. Other post-registration courses may have requirements relating to theory and practice but these were often locally developed and as such more amenable to local structures such as semester patterns.

From the curriculum documents there emerged three main approaches to balancing theory and practice over the duration of the course. We have characterised these as groups of courses which have:

- Front loading of theory
- Equity throughout
- An undulating approach

Front loading of theory:
Front loading of theory was found within both pre- and post-registration courses. This issue has also been reported elsewhere (Alderton et al., 1995). In this study, courses often gave the rationale for front loading as providing students with a theoretical foundation. Often courses presenting this kind of rationale were those we had characterised as traditional or rules-based curricula.

The following extract gives the rationale of a pre-registration course for having a theory practice ratio of 4:1 in the first year of a four year degree:

> *"The emphasis in part 1 is upon acquisition of sound theoretical base supported by observation of practice"* (214.9.94).

Another course apparently understood the concept of graduateness as primarily to do with theory. Their rationale for the heavier weighting towards theory was that *"it reflects the academic rigour of the course"*.

They go on to acknowledge the practice element by saying:

> *"However some of the theory hours may incorporate elements of practice, therefore the additional hours allocated to theory allows for some flexibility in relation to increasing the amount of practice in and as necessary"*. (24.4.96)

As both pre- and post-registered students moved towards graduation, they frequently became more self directed. This feature was not peculiar to this particular way of structuring theory and practice. The implications, however, within this model were that towards the end of the course, when a student was more likely to be in practice, they had less formal taught hours and more responsibility for their own learning. This was also at the time when they were likely to be completing their dissertation.

Equity throughout:

There were two main ways in which the balance of theory and practice could be equitably organised; within each year or within each semester.

This structure was found amongst courses from all HE sectors, but more notably within institutions which had a history of delivering undergraduate nursing courses. This structure, where theory and practice were offered in equal measure throughout the whole course, appeared within institutions offering shared learning between pre- and post-registration nursing students. For pre-registration students this meant spending part of their time in practice and part in theory each week. This mirrors the experience of many post-registration students who are employed for part of the week in their clinical area and are released to their course for the other part of the week. This structure also makes effective use of both clinical and educational resources. Students at different points in their course could attend for particular learning experiences on different days thereby spreading the workload of staff and offering greater flexibility to students.

The undulating approach

This approach was characterised by the students' continual movement between chunks of theory and chunks of practice. It was most common on post-registration courses because most students undertake these courses alongside their employment commitments and might attend their course in blocks of time when they can be released from practice.

There were, however, a number of examples within pre-registration courses where this structure represented a creative way of marrying external regulations with internal structures. These were the courses which might offer theory and practice equitably in the autumn and spring terms but use the summer term / inter-semester period to achieve the necessary hours in practice. The following example gives the rationale for creating a transition period each summer which has different themes for each year of study. They are:

> *"Designed to facilitate the progression of the students throughout their pathway. As health care and professional practice are changing so rapidly, it is not*

considered appropriate to be prescriptive regarding context. (...) the students will negotiate with the professional group tutors and draw up a learning contract specifically to this period." (20.52.97)

On a different course the same model is used but with a different rationale:

"There will be a post semester period (7 weeks) of clinical practice time at the end of each academic year when the student can experience a more continuous pattern of care and use the opportunity to practice knowledge based skills". (8.32.96)

Within four year pre-registration courses, where time was not at such a premium, the summer period could be a time of extended annual leave like other undergraduates. Alternatively, they may have had optional placements including working abroad.

Issues of time

As we explored course structures we were frequently aware of the range of increasing pressures on the time available to complete the course. These time pressures may have arisen because of the additional experiences which employers were expecting students to have within their courses, in response to extending the scope of practice and skill mix changes. Three year pre-registration degrees in particular, not only had to cope with demands for continual extension to what is required for newly qualified practice, they also had to pay attention to the added value expected in the product of a degree programme.

This pressure was exacerbated by new financial pressures created by changes in the grant system. One institution illustrates how they have responded to student difficulties by reducing the length of their degree:

"Students are equally more satisfied to finish the courses at an earlier time than 4 year courses particularly in view of the changing economic position in relation to the decrease in HEFC grants and the fact that this course attracts a good percentage of mature applicants." (5.5.96)

For some pre-registration students the reduction in grants has turned them towards employed work. This next extract taken from an institution's revalidation documents claims:

"65% of students graduating in 1994/5 identified that they had undertaken some form of employment to support themselves financially during the programme." (6.51.1996)

Combining study with employment is an experience familiar to most post-registration students. Increased pressure for post-registration students was evident in some of the reasons given for increased flexibility in modes of study. Increased flexibility,

particularly in the time allowed to complete degrees, was said to be needed to enable nurses who cannot be spared from their full-time employment the opportunity to undertake degrees in their spare time.

Generally speaking, the way in which courses have been structured is the product of the interrelationship of many internal and external pressures. These pressures are nicely summarised by the TYDE project team:

> *"To ensure an undergraduate experience which not only provides students with a high quality educational experience but also successfully prepares them for high quality practice, a degree programme must be organised to facilitate coherence. Nursing & Midwifery theory must hang together sufficiently to be of use in practice. Limited and increasingly expensive human and clinical resources must be organised to maximise clinical learning opportunities. Communication between teachers, and practitioners must be co-ordinated to enable students to devote their attention to doing and reflecting during clinical placement"*
> (Bedford et al 1996: p225)

Both nursing and higher education have been subject to fundamental changes over the last decade and the resulting challenges which course developers faced and continue to face should not be underestimated.

SUMMARY

This chapter has explored curriculum content in terms of its structure. A number of interesting issues were apparent and these are summarised below:

- there was a lack of comparability across course types in terms of module credit rating
- changes within both the NHS and higher education appeared to have influenced course structures
- five models have been constructed to represent the ways in which course structure varies across the sample
- theory and practice were likely to be structured in one of three ways; front loading of theory, equitable distribution throughout, or moving between blocks of theory and blocks of practice
- there appeared to be increasing pressure on the time available within course structures

Chapter Four:
LEARNING OUTCOMES AND ACADEMIC LEVEL

This chapter deals with the idea of academic level as it is expressed largely through learning outcomes. It begins with an exploration of learning outcomes as the main focus of our analysis. We then go on to explore the concept of graduateness in order to establish the essence of what we were attempting to compare across courses when we talk about academic level. Lastly, we discuss the range of course learning outcomes evident in our data particularly in relation to academic level and progression.

LEARNING OUTCOMES

The primary focus of our data analysis was an examination of course learning outcomes across a range of courses offering a degree in nursing. The first thing which was striking, even in a cursory perusal of the documents was the variety of ways in which the notion of learning outcome was expressed. The courses which appeared, in general, to have the clearest articulation of learning outcomes were, perhaps inevitably those pre-registration courses which were jointly validated with the ENB and which had some elements in common. This is not surprising given that much of the Board's advice to institutions is couched in the language of learning outcomes and competency (ENB, 1993). There were however, curriculum documents which were not written in the language of learning outcomes and some where it was difficult to find an idea of overall intention or an explicit notion of precisely what they aimed to achieve. It is fair to say that the request for documents yielded a range of different documents even though we had been quite explicit in our request. It is possible that, where institutions had sent us incomplete sets of documents, their overall aim and/or course outcomes may have been stated elsewhere.

Even where learning outcomes had been used, it was clear that there were different understandings of what they were and how they should be expressed. On the other hand, there were courses which used the terms learning objective and learning outcome synonymously. This suggested that the notion of learning outcome was by no means fixed and stable and this had implications on the ease with which course outcomes could be compared. A similar lack of consistency was reported in the literature about learning outcomes.

This literature encompassed both the history of learning outcomes in relation to nurse education and a more general account of their relation to higher education extensively reported in a study undertaken by Sue Otter for the Department for Employment (Otter,

1992). Otter's work focused on the feasibility of describing any degree in terms of what graduates can do, know and understand; that is to say its learning outcomes. She suggested that a range of approaches were useful in defining outcomes and recognised that models based on objectives, subject knowledge and competence were all used with some success. She also recognised that expression of learning outcomes at degree level was more difficult than those used for FE courses and given the complex, changing environment of higher education, they were unlikely to be completely stable.

The way in which course outcomes are articulated in nurse education has, over the past twenty years, adapted and varied in response to changes which have occurred in education, nursing and the political and economic climate of health service provision in general. One constant factor, present throughout, has been the need to be competent in clinical practice, and this has usually been represented as a central aim of educational provision at both pre-and post-registration levels. Whilst the concept of competence has been relatively stable over the last twenty years the constitutive elements of such competence have adapted or are different depending on the perspective. That is to say, within the construction of competence in any given course, the outcome of learning has frequently been presented to reflect a particular view of nursing in a given period of time. It was often in the assessment of clinical competence that learning outcomes were most evident, and their precise format and nature reflected changes in assessment of competence over time, (Phillips et al, 1994). In the 1970's there was not so much a sense of learning outcome in curriculum documents but exposure to, and involvement in a range of tasks and classes. Assessment was comprised of four structured assessments which subscribed to a notion of collecting experiences and exhibiting the level of competence acquired in a one-off performance. During the 1980's learning objectives became the preferred way of expressing course intentions addressing a growing concern that student achievement should be open to objective measurement. This concern for measurement reflected a trend within nursing to place a relatively high value on scientific, objective measurement and a relatively low value of subjectivity, intuition and professional judgement. The problem with objective measurement of achievement lies partly in the bureaucratic and unwieldy systems which emerged in the form of detailed assessment schedules, with elements of competence broken down into discrete bits of observable behaviour. In our documents, we did find evidence of the remnants of this approach. Some curriculum documents expressed their aims as a list of objectives, whereas the assessment tools of some others had a tendency to be behavioural and reductionist in spite of an expressed educational philosophy quite different from this.

A controversial view of this tendency within curriculum documents to rely heavily on the rhetoric of behaviourism and measurement is given by Gordon and Wimpenny. They claim that:

> *"..behind the rhetoric of adult educational philosophies the actions and intentions of organisations in which we work are reduced to jargonized measurables described on reams of documentation that in themselves are viewed as representing and justifying the activities of the workforce. This reductionism and emphasis on operationalizing is experienced by us as both stifling and unhelpful in facilitating our educational work."* (Gordon & Wimpenny, 1996)

As nurse education moved into higher education it became increasingly difficult to reconcile a strictly behavioural expression of course outcomes with the more complex achievements associated with the development of academic as well as technical skills. The move away from strictly measurable objectives towards an outcomes approach which had student achievement at its centre, provided some lee-way to express the less tangible intended outcomes of an academic, as well as a practical, education. As we have seen, Otter's work supported the notion that it is possible to express some of these complex abilities in terms of learning outcomes.

Otter also emphasised the link between outcome and assessment. She suggested that if learning outcomes were not expressed in ways which could be assessed then their usefulness was questionable.

In our study we were also aware that learning outcomes were inextricably linked to the means by which they were to be assessed and indeed, should be linked to course content and models of teaching and learning. Much of our work therefore consisted of tracing the learning outcomes through the processes and structures described in documents to try and get a sense of the coherent relationship between intended outcome and the structures which were in place to support it. It was through the exploration of these links that we began to develop an understanding of the types of theories of teaching and learning that were embedded in the rhetoric of curriculum documents. In particular we examined the way in which level descriptors were used within learning outcomes at course and module level to give an indication of the differentiation between degree level outcomes and sub-degree outcomes. The learning outcomes, and to some extent, the related assessment, were used in this way as an indicator of the sense of "graduateness" embedded in curriculum texts in terms of their academic level.

GRADUATENESS

The curriculum documents in our sample contained a range of discourses relating to the concept of graduateness. In our analysis we explored this concept as it was expressed in both course and module based learning outcomes. In addition to this, we reflected on the extent to which the integral parts of courses appeared to be consistent with this concept of graduateness.

One of the first things which became clear from our reading was that the attributes which contributed to a notion of graduateness were themselves open to interpretation. In an account of assessment in higher education the Graduate Standards Programme found evidence that there was widespread similarity in the language used by assessors across institutions and subject areas in terms of assessing the attributes of graduateness (HEQC, 1997c). Although this might suggest some common notion of what constitutes graduateness, this was not necessarily the case. The same research found evidence that although the same value words were used, these were often taken to mean very different things by different disciplines and different institutions. Level descriptors most commonly used in assessment of graduate learning outcomes didn't appear to have fixed values beyond the relative judgement of a particular group of assessors. They were more often used as grading criteria between students at a particular level than as a mechanism for defining it. The following extract clearly describes the problem of common meaning in relation to the value words used across the spectrum of course provision.:

> *" Different knowledge systems produce different requirements of the thinker: thinking takes different forms in these different fields. The existence of cognitive skills which are defined at a high level of generality partly to encompass multiple fields or systems cannot therefore be taken as evidence that underlying concepts have the same meaning across these fields or disciplines."* (HEQC, 1997c, p16)

Although these attributes were thus problematic, it is suggested that they do reflect a common set of cultural values in assessment practices but do not appear to represent comparable standards relating to graduateness across disciplines or institutions.

In the literature there did appear to be generic attributes associated with graduate level achievement. The Graduate Standards Programme found that:

> *"There was general agreement that graduates had - or should have - qualities that distinguished them from non-graduates (including those with sub-degree qualifications), although there was little agreement about how these qualities might be measured" (HEQC 1997a :12)*

The HEQC study identified three distinct domains of ability; generic, shared and specific. (Middlehurst, 1996). Each of these is described in turn and illustrated with examples from our data set.

Generic qualities of graduateness

According to Middlehurst, generic qualities of graduate level achievement include:

- Managing tasks and solving problems:
  - focusing on achieving key objectives
  - using analytical and conceptual thinking
  - gathering information to assist problem solving
  - making decisions

- Working with others:
  - using logical and rational arguments to persuade others
  - understanding and reflecting on how others perceive him/her
  - identifying the needs of others and building positive relationships

- Communication:
  - oral communication
  - written communication

- Self awareness:
  - taking responsibility for own learning and development
  - dealing with pressure and emotions
  - showing sense of purpose

There was evidence of these characteristics in our data and the following extracts from course documents illustrate some of the ways in which they were articulated. Extracts from a post-registration BSc course located in a College of Higher Education demonstrate how some of these attributes appeared in curriculum documents:

> *"The academic contents of the module are designed to develop the practitioners' abilities to critically analyse issues on the basis of empirical evidence. Throughout the modules in the degree, there is an emphasis on the development of autonomous student learning. Accordingly, the field supports the aim of Undergraduate Modular Scheme"*. (18.15.96)

> *"To promote a dynamic and creative commitment to continuing professional and personal development"*. (18.15.96)

> *"Demonstrate a positive attitude towards life long learning in order to promote excellence within their own professional role"*. (18.15.96)

These three extracts illustrate some common concepts that were attributed to graduates in nursing curricula. The graduate is expected to take a critical stance in relation to competing information, to take responsibility for their own learning and to be creative and dynamic. In other documents there was also a sense that graduates were pro-active and innovative and used knowledge in active rather than passive ways.

Qualities shared by graduates

Evidence for the belief in shared qualities of graduates could be found in the extent of shared learning to be found in degree courses. Some decisions to deliver aspects of degrees as shared components across a range of courses appeared to be grounded in economic necessity. This, however would not be possible without some underpinning concept of the development of shared attributes or knowledge. During our research we were aware of the increased interest being shown in shared learning both within nursing and midwifery and across a range of health professionals (DoH, 1993a; ENB, 1994; ENB, 1997) . This increase in shared learning is reflected in a statement by Barr (1997) who claims:

> *"Now, learning together is becoming the norm, driven by a raft of educational reforms. Integration of specialist schools into universities is surmounting organisational boundaries. Modularisation is bringing students together from the different profession's in seemingly endless permutations"* (1997: p26.)

There was evidence of shared learning in all 50 courses, although some of that sharing was only with nurses from other courses or with midwives[1].. At a generic or multi-professional level, shared learning was most often delivered through the institutions modular framework. The following extract was taken from a pre-registration course in a new university and refers to shared learning:

> *"....the university's move to introduce an institution wide profiling scheme for all students (...) is currently contributing to the development of a framework for use by courses within this department"* (30.18.94).

They go on to say:

> *"The transferable skills that the university proposes to develop within its courses fall into the following broad categories:- self management, learning skills, communication, team work , problem solving"* (30.18.94)

Within some courses there was an explicit aim to encourage shared learning between students from health professions in order to facilitate a concept of interprofessional team work. A course leading to the ENB Higher Award, for example, aimed to:

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[1] See Chapter 3, page 29

" ...demonstrate the profile of the graduate experienced health care professional able to function in a changing multi-professional, multi-agency health service". (2.18.96)

The following extracts from course documents show some of the ways in which the idea of shared learning was handled.

"The student will be prepared to work as a member of the multi-professional team and within a multi-cultural and multi-racial society". (6.12.93)

"Opportunities for shared learning both formal and informal exist on the course with a wide range of other students including those preparing for degrees in para-medical profession i.e. physiotherapy, occupational therapy, orthoptics as well as medicine, dentistry, veterinary science and social work". (6.17.93)

"To facilitate shared learning, the nursing, midwifery, physiotherapy and podiatry student will share an academic year structure. although this largely follows the whole university, some changes have been made to allow sharing above all of the above courses." (48.3.97)

Specific qualities of graduate nurses

These are the elements of degree programmes that are unique to nursing and are commonly reflected in professional, focused learning outcomes generated from the specific requirements of statutory and professional bodies. These outcomes were not necessarily associated with a particular academic level but some courses tried to articulate a concept of graduate level nursing within their aims. The following extracts show examples of these attempts:

"The degree aims to produce a clinically competent and educated nurse, capable of professional leadership in a variety of health care settings". (1.20.96)

"...a competent accountable practitioner who is enquiring, flexible, innovative and proactive, a potential agent of change who thinks critically, is able to practice in a rapidly changing environment and is able to take responsibility for his or her life long professional development." (21.2.96)

These courses saw the graduate nurse as being able to engage in practice in a different way and this difference was expressed in terms of innovation, leadership, flexibility and ability to handle change. What became increasingly clear as we engaged with the full range of course documents was that the idea of graduate level nursing was far more difficult to represent than an idea of academic achievement per se. This issue of how the theory and practice of nursing was handled in course documents will be taken up in more detail in Chapter 5.

COURSE LEARNING OUTCOMES

This idea of specific qualities of graduate nurses was evident in our analysis of course aims and learning outcomes. There were a number of common features in the way this concept was articulated at the course level. These features represented the ways in which courses across all types could be considered broadly comparable in their outcomes. These were:

- overall notions of competence
- ability to manage change
- research based practice
- creativity, innovation and leadership
- criticality
- caring and reflective practice

Overall notions of competence

Some course aims and learning outcomes gave an overall description of the kind of practitioner that the course was aiming to develop. In this way, the competence of a nurse graduate is not generally considered in isolation from other qualities.

> *"Practice takes place within a variety of settings. The practitioner meets clients with a multiplicity of needs which vary in type and complexity. The development of skills, research based knowledge and the ability to reflect both on and in practice will enable the practitioner to creatively meet these needs."* (2.48. 97)

The example above demonstrates the complexity and all inclusive nature of these overall notions of competence which relate specifically to graduate outcomes.

Nor was the notion of competence confined to pre-registration. This next extract is from a post registration Higher Award course which also meets the requirements of specialist practitioner:

> *"These initiatives require practitioners working in primary health care not only to be knowledgeable, competent and flexible in their own practice but to possess the ability to discuss, appraise and develop caring programmes within an ever increasing diversity of non institutional settings and management structures"* (2.3.96)

Ability to manage change

Flexibility was frequently referred to as a required quality amongst graduate nurses. In many cases this was attributed to the demands placed on qualified nurses by the amount of change to which the health service is subject. Caldwell suggests that the changes taking place in nurses education and the associated curricula are greater than ever before

and "*the social, economic and political forces that shape the curriculum exert even more pressure*" (1995: p143).

In our sample of documents, the changing nature of practice and changes in the location of care highlighted the need for new skills. One post-registration course referred to this in the following way:

> "*The fields of health care provision is subject to rapid and major change, and current demands are now requiring nurses and midwives to become expert practitioners. These practitioners are required to demonstrate high level practical skills that are underpinned by relevant theoretical and conceptual knowledge. There is therefore a demand from the local Trusts to provide courses that provide the knowledge base to support these practitioners*" (1.3.96)

There was also reference made to the kind of skills needed to practice in primary care settings as oppose to hospital nursing. This was particularly the case in post-registration courses offering a specialist practice award. The following extract is taken from one such course referring to community nursing:

> "*Degree level study aims to produce practitioners who are specialist within their chosen clinical areas. These practitioners have developed new professional skills, knowledge and have utilised existing research. This foundation will promote enquiry-based practice and inform innovations in care*" (14.44.96)

Research based practice

The idea of research based practice was a frequent feature of overall course aims and learning outcomes. It was a common feature and was present in all courses in one form or another. The above course, for example, goes on to say that graduate nurses will have demonstrated:

> "*Enquiry based practice enhancing the promotion of innovative care.*
> *Articulate and implementing the learning experience of reflecting on and reflecting in action.*
> *Selectively / critically utilise the principles of management in the delivery of care*". (15.44.96)

It was often around the level of research activity that courses articulated the difference between degree and diploma learning outcomes. For most courses the added value of degree level research was that the students moved beyond mere appreciation and appraisal towards actively doing research and being able to contribute some knowledge to their area of practice. This idea of contribution is reflected in the following extract from a four year pre registration degree:

> *"to ensure that knowledge in nursing theory and practice is research based, and to ensure that the nurse understands the research process and contributes to research"* (15.6.93)

The role of research in determining a sense of graduateness is dealt with in more detail under a separate heading later in this chapter.

Creativity, innovation and leadership

In course outcomes there was frequent reference made to the qualities of creativity, innovation and leadership. These were the qualities which were deemed to be necessary for advanced qualified practice. They were often linked with the need to engage in problem solving within the context of qualified practice and to be able to work across different settings. This is illustrated in the following extract from a four year pre-registration course:

> *"To produce a graduate first level nurse and specialist practitioner who can provide innovatively and effectively in a variety of professional settings"* (11.29.97)

Another course has as one of its outcomes that graduates will:

> *"Display creativity, initiative, research literacy and an analytical approach in caring for people"* (12.22.94)

The inclusion of these concepts in course learning outcomes may well reflect the changing nature of nursing work where skilled practice is no longer about routines and specific rule-bound interventions but is unpredictable and infinitely variable according to the individual needs of patients (Benner et al., 1996). Some courses make a direct link between the need for these kind of attributes and the management of change. In the learning outcomes used to differentiate graduate from diplomate one course requires students to:

> *"demonstrate confidence and critical awareness in their ability to develop as adaptable innovative practitioners in managing problems arising in the implementation of change"* (8.23d.97)

Leadership qualities were more evident in post registration course learning outcomes particularly those which offered the Higher Award which includes leadership within its ten key characteristics. Leadership qualities were less overt in the learning outcomes for pre-registration courses but were often indirectly inferred. This course, for example, requires graduates to:

"demonstrate deliberative decision making skills, in which priorities are clearly identified" (2.30. 94)

Several courses similarly alluded to particular skills which would be necessary for leadership roles within their learning outcomes.

Criticality

Most courses made some reference to taking a critical stance to information and experiences within their learning outcomes. This may well be an artefact of the dominance of Blooms Taxonomy (1956) within curriculum documents. This idea will be discussed in more detail later in this chapter. Notwithstanding this relationship with Bloom's work, there appeared to be a relatively stable construct of the questioning graduate within course learning outcomes. It suggests that the graduate nurse has moved beyond a naive acceptance of what is seen, read about or heard towards a closer examination of what lies behind these experiences.

Embedded in the following extract is the idea that learning the intellectual skill of critical and conceptual thinking will sustain the qualified nurse in future practice:

> *"Not only to enable the students to achieve registration as a predetermined end point, but also to engender skills of inquiry and critical and conceptual thinking which sustain the qualified practitioner in their professional and personal practice and development".* (9.52.97)

As well as the concept of critical thinking, learning outcomes also refer to the concepts of critical analysis, critical awareness and critical examination. What is being inferred by this is that the graduate nurse will be required to take an evaluative stance to both established theoretical knowledge and to their practical experiences.

Caring and reflective practice

Another very strong construct within course learning outcomes across the whole spectrum of courses was that of the graduate nurse as carer.

This first extract from a pre registration degree illustrates how, in some institutions, the quality of caring has been valued for some time.

> *"Nursing & Midwifery are grounded with caring for people throughout the span of life. It is founded on the belief that every person merits care and attention: has individual rights, preferences, needs beliefs, emotions and problems unique to him or her"* (7.17.93)

The concept of caring was often referred to alongside some reference to reflective practice and these two concepts taken together appeared to represent the way in which the caring aspect of the nurses role has been re-conceptualised at graduate level. In this way the academisation of caring has been achieved through the mechanism of reflective practice.

The following extracts imply that graduate level professional caring goes beyond a simple, 'doing-for' model.:

> *"Caring can be seen as the very essence of nursing, but caring is much more that looking after. Nursing is concerned not only with helping others, but also in helping them to help themselves".* (5.36.97)

> *"The role and function of a nurse/midwife and particularly of a graduate are and must be more complex than can be directly observed and assessed as a set of competent behaviours. She must be able to respond to changing contexts and situations, to initiate change, to deploy a repertoire of options when identifying a problem to be solved not solely to participate in management of the situation. She must be able to use theoretical knowledge and insight to make personal judgements and, through reflection, to develop and enhance good practice."* (8.17.93)

The idea represented above refers to the way in which the graduate nurse and midwife are expected to engage with the situation in which s/he is providing care. This is similar to Benner's idea of expert practice where:

> *"experts are likely to rely on context and whole patterns, knowing the particular patient and family for their judgements...."* (Benner et al., 1996: p7)

RESEARCH

In our search for elements in course documents which were particularly characteristic of a sense of graduateness, as oppose to HE Diploma level, we focused some of our attention on the way in which the research element of degrees was handled. To this end we looked at the learning outcomes of level 3 research modules for their content and comparability. This is not to say that we considered sub-degree level outcomes unimportant. They certainly had a role in establishing a sense of the total course and the process by which students arrived at graduate level. We emphasised level three learning outcomes in this project because the focus of our study has been the comparability of the award of degree in nursing and it can be argued that it is at level three, that the difference between graduate level and non-graduate level should be most apparent.

The importance of research in determining the degree-worthiness of a course has been noted in other studies. The TYDE Project (Phillips et al., 1996), in its evaluation of three year degree programs, found that:

> *"A sound knowledge of , and often experience in, research skills and enquiring approaches to practice were identified as key strengths of the graduates completing the programmes."* (1996, p174)

Generally speaking we felt that the historical relationship between research and graduateness coupled with the relationship between the proclaimed need to extend the body of nursing knowledge to substantiate a claim for professional status, gave us a strong rationale for exploring research modules generally and the research dissertation in particular, in our search for the comparability of degrees in terms of their sense of graduateness.

The notion of preparing qualified practitioners to take account of research in their practice has a long history dating back at least to Briggs report. (DHSS, 1972). Reviews of the nursing profession over the last decade have emphasised the importance of nursing practice becoming research based and with the current fashion for evidence-based practice in the health service then the way in which research appears in curriculum documents was an important feature of its responsiveness and currency. Nurses undertaking pre-registration programmes to HE Diploma level were expected at least to be able to critically appraise research relevant to their practice. They were not necessarily expected to undertake a piece of research. Several of the curriculum documents in our sample which showed learning outcomes for the Diploma stopping off point, required students at this level to either carry out an extensive critical analysis of the literature, or to produce a research proposal by the end of their course.

The following extract from a four year degree programme illustrates the kind of outcomes often expected in level two research modules:

> *"students should be able to:*
>
> *1. discuss critically the range of research methodologies that may be utilised in nursing and health care*
>
> *2. complete a research proposal for a study of clinical nursing that will be undertaken in year 4 of the programme"* (199. 01. 94)

For many courses leading to a degree, at least part of the value added could be attributed to learning outcomes which required more experience of research and at a deeper level of understanding, analysis and criticality. The following example includes doing research within the outcomes:

"At the end of this unit the students will be able to:

a) Design, implement, critically appraise and write up an individual research project , using an appropriate research format and incorporating relevant literature relating to existing research and theory.....".(45.03.96)

For other courses the final expectations for students in terms of their research activity looked more like a Diploma in Higher Education. This next extract is taken from the learning outcomes of the level three specialist project module in a three year pre-registration programme:

" The student will be able to:

1. *Produce a carefully designed, logically developed review of pertinent literature*
2. *Draw conclusions based on their analysis, that are germane to the development of nursing practice.*
3. *Design strategies for the collection, analysis and integration of scholarly material relating to a chosen aspect of patient care"* (147.32.96)

Students on this course, like several others in our sample did not actually carry out a formal piece of research. Although there might be strong arguments for students not engaging in research as part of their degree, the evidence does point to a lack of comparability across courses in one fundamental aspect which potential employers might associate with the achievement of a UK honours degree. This lack of comparability might have implications for those employers if they select a nursing graduate on the assumption that they have had experience of carrying out a research project as an undergraduate.

Preparation for dissertation

There were similarities across all programmes in the sense that the majority of courses required students to undertake some taught research module in preparation for their dissertation or final extended piece of work. There were differences however in the level at which this preparation occurred. For example, some programmes had level one and/or level two research methods modules and no further preparation until they were expected to carry out their dissertation. Others offered a taught methods module at level three which was very often linked to the production of a research proposal. This proposal would then form the basis of their dissertation work. A few programmes offered a level three research module which would be assessed in two parts; the production of a research proposal followed by a piece of research.

Of the preparatory taught modules, many courses sought to provide coverage of the full range of research approaches rather than in-depth experience of a particular approach

although one or two courses appeared to take a particular stance in relation to the boundaries of research. The breadth of these boundaries was reflected in learning outcomes which ranged from modules primarily focused on statistics, (63.01.93) to modules which focused on the skills of systematic reviews, (147.32.96)

One pre-registration course, for example, had a research methods module in the second year which aimed to teach predominantly statistical analysis and the use of information technology. Although students on this course would undertake a broader introductory module in their first year, these were the only preparatory modules before their dissertation in year three.

By far the most common approach to preparation was to offer a broad introduction to a range of methodological approaches at level one and/or two, followed by a module focusing on proposal writing at level two or sometimes level three. As already mentioned this proposal could then be used as the basis for the student's dissertation.

The nature of dissertation modules

By examining aims and learning outcomes of dissertation modules it became clear that there were three main types of work which might be asked for under the direct or indirect auspices of a dissertation. Firstly, there were courses which required students to undertake a piece of work which included the collection and analysis of primary data. Secondly, there were courses which asked for a piece of work based on an extended literature review. Thirdly, there were courses which required students to integrate theoretical aspects of the course around a particular problem or area of practice. This third type of dissertation was most likely to be found in post registration courses, particularly those offering the Higher Award. The notion of a final piece of work which integrates theory and practice is embedded in the learning outcomes associated with the ENB Framework and is one of the 10 key characteristics which must be met. An example of an integrated study is given in the following extract :

> *"Each student will complete an in-depth study which enables them to examine an area or areas of their professional practice and which will reflect the general principles embodied in the assessment philosophy."* (46.19.93)

The following table illustrates the distribution of courses across the three categories of dissertation:

	Pre-reg	Post-reg	Post-reg HA
Primary data	13	8	4
Literature based	5	3	0
Integrated	2	1	6
Choice	2	3	1

The table above also shows the number of courses which offered students a choice about the kind of dissertation they produced. Two post-registration courses did not include information about dissertations. Either students were not required to undertake a major piece of work or it is possible that the information was recorded elsewhere.

Although these three types of dissertation represented some fundamental differences in the way in which the formal dissertation was handled, there were some obvious similarities particularly in the words used to describe the aims of dissertation or integrated study modules. These pieces of work were often described as substantial, in-depth, independent pieces of work which demonstrated particular academic skills:

> *"This module, required for the award of an Honours degree, will allow the student to demonstrate their ability to work independently and to produce a substantial piece of work."* (166.46:96)

There was a common reference made, as in the learning outcomes of other modules, to notions of criticality and their learning outcomes referred to the ability to integrate a broad range of theory around a practice or professional field. As such, the common denominator across all pieces of extended work required of students, was to demonstrate particular intellectual skills over an extended period of time and in an independent manner. In this way the skills that students are expected to demonstrate in their dissertation module might be assumed to represent that course's construction of the academic level of an honours degree.

It also appeared to be important that, even at its most theoretical or traditional, the dissertation had as its focus, the subject of nursing. It was through the dissertation that the notion of a graduate nurse was apparent. Most course documents were explicit about the required focus of study. There were no occasions where a course offering a degree in nursing would anticipate a dissertation focused on a more generic problem relating to health services, public policy or a related subject.

It has already been noted that there is a potential problem inherent in degree programmes which do not place any requirement on the student to collect, analyse and draw conclusions from data. There was also a potential problem in the availability of appropriate teachers to lead level three research modules. In a recent report on teaching research on pre-registration nursing and midwifery programmes, (Le Var and Steadman, 1996), graduate status for teachers was cited as an important quality indicator. In the same way that an employer might expect a graduate nurse to have undertaken research, there was a similar assumption in requiring graduate status teachers. It is possible under the current system that graduate nurse teachers could be required to teach undergraduate research methods when in fact they have never actively undertaken any formal research.

The issue of how well nurse teachers were equipped to teach undergraduate research was discussed in a recent paper by Kirk et al. (1997). They suggested that although teachers were increasingly aware of the need to actively engage in research, they were concerned that this would be at the expense of clinical credibility. They also discovered *"that as yet, very few nurse teachers have research degrees."* (1997: p1042)
If teachers are graduating from some nursing degrees without any actual experience of doing research, and if there are very few nurse teachers who have completed research degrees, then this presents a potentially worrying picture for the quality of research teaching at undergraduate level on some courses.

LEVELS AND PROGRESSION

One means of comparing degrees in nursing is to explore their aims and learning outcomes in terms of the way in which levels are articulated at various different points through out the course. Not only would this give an idea of any similarities and differences in the way students were expected to progress through the course, it would also give an idea of any general sense of cohesion or fragmentation which might be apparent.

This chapter has so far talked in a relatively unproblematic way about level descriptors within learning outcomes in much the same way as they are used in documents. There is however some concern about the extent to which such level indicators can be used in a taken for granted way to represent how students actually learn and progress through their course. The idea of academic level within nursing curricula can thus be construed as highly problematic. Winter (1993) claimed that notions of level within the British educational system have been heavily influenced by Blooms Taxonomy (Bloom, 1956),

which has been used extensively as a hierarchy of learning to construct chronologically sequenced indicators of achievement. He argues that Bloom has been misinterpreted and that Bloom's level descriptors were intended to represent grades of achievement within any discrete phase of learning. He suggests that there is no empirical evidence for stretching Bloom's theory to a chronological progression through educational levels.

What was most apparent in the curriculum documents we studied, was the almost universal use of level descriptors originating from Bloom's Taxonomy (Bloom 1956). This was either explicitly referenced or implicitly revealed in the terminology used. These level descriptors were often linked in some way to the experiential taxonomy of Steinaker and Bell (1979) or Benner (1984) particularly in relation to the way in which students were expected to progress in their practical skills development.

This widespread use of level descriptors in curriculum documents was perhaps an inevitable product of increased concern to make the outcomes of awards more apparent and in response to demands for criterion referenced assessment models. Their use is not without problem. Apparent misuse of Bloom's taxonomy may have created fundamental problems in the development of curricula which were compounded by their integration with level descriptors from the experiential taxonomies. Winter (1993) suggests that there is an absence of empirical evidence to show that incremental learning follows the sequence of level descriptors which most courses use, nor that it can be assumed that cognitive level descriptors function in a similar way to experiential descriptors. The problem of level is also recognised in nursing degree programmes. James and Redfern (1995) found a wide range of variation in the level descriptors of a small sample of degree programmes in England.

In our sample, criticality was one of the most common concepts used in course learning outcomes to signify degree level cognitive activity. This sense of criticality was expressed in a number of ways. Criticality could be viewed as rendering problematic the taken-for-granted reality of everyday life in order to gain greater understanding of such reality. So level descriptors which use phrases such as critical analysis, critical reflection, critical evaluation can be understood in terms of moving beyond the superficial representation of information and taken-for-granted knowledge towards the ability to recognise and handle conflicts and problems in a particular subject.

Some of the common key words used in level three descriptors include terms such as innovation and creativity. Often these words were used when descriptors specifically made reference to how students would engage with their practice base. These descriptors were starting to articulate a sense of graduate practice. Embedded in level

descriptors in course learning outcomes was a notion of graduate practice which implied an ability to do things in new and creative ways. Often words like leadership and resource management suggested the kind of roles which nurse graduates were being prepared for. Not only was there a sense of level of practice or particular roles but there was also a sense of the kind of academic skills and level of those skills required to undertake these roles.

The whole concept of graduate nursing practice is the focus of the following chapter . The issue of level is taken up in more detail in what follows particularly in the section on assessment of practice.

SUMMARY

This chapter has raised a number of issues relating to the concept of academic level as it appears in course learning outcomes. These can be summarised as follows:

- within the data there were both generic and subject specific constructions of graduateness
- many of the generic qualities were constructed around notions of academic level and the skills required for achievement of a particular level
- subject specific qualities incorporated basic competence in the case of pre-registration degrees as well as the ability to engage in practice in different ways
- there were a number of common features in the overall learning outcomes across all courses
- there was a lack of comparability in the way in which degree programmes handled the teaching of research skills
- there is widespread use of the level descriptors taken from Bloom's Taxonomy
- these level descriptors are used in a relatively unproblematic way in spite of there being little empirical evidence to support such widespread use.

Chapter Five:
GRADUATE NURSING AND NURSING PRACTICE.

INTRODUCTION

Within the curriculum documents, the concepts of graduate nursing and nursing practice were frequently implicit. In many curriculum documents these ideas were clearly articulated through course learning outcomes. This is the case for the two examples which follow:

> *"to ensure that the student who gains graduate status will base their practice on sound knowledge across clinical, professional studies, science and research areas"* (6.49.97)

> *"to demonstrate an understanding of the application of existing theory and research to practice, and be capable of generating and testing theoretical and clinical hypotheses for the advancement of the science and art of nursing"* (32.1.94)

Both examples were taken from sections of the documents where learning outcomes were specifically referring to graduate level work. The second example illustrates the way in which the concept of graduate nursing is closely associated with theoretical learning and academic achievement. This association was apparent in a number of course documents.

Some courses, however, had the concept of graduate nursing practice embedded in their learning outcomes. These courses were more likely to be those in which nursing was taught through an integrated programme of theory and practice. One pre-registration course, for example, aims to:

> *"produce nurses able to perform the competencies with self-reliance and flexibility, who can challenge practice and develop and share innovation: nurses who will be able to work in partnership with clients, carers and, potentially, communities involving them in their care and its evaluation."* (4. 21.96)

The same document goes on to show how students' practical experience is embedded in all parts of the course. As a rationale for this they claim:

> *"that students from the CFP have felt frustration and disillusionment at the lack of opportunity to practise nursing. With this in mind the course will now provide students with opportunity to put theory into practice in both the Institution and the Community from the earliest weeks of the course."* (10.21.96)

There were a minority of course documents where there appeared to be less structure and coherent progression and the nursing element of their award was delivered via a series of modules which had neither the integration of theory and practice nor a strong theoretical basis.

In this chapter we consider how the development of the subject of nursing is handled within different courses. In doing so we have identified three broad types of nursing module:

1. predominantly theory-based nursing modules
2. modules combining nursing theory and practice
3. predominantly practice modules

We will also consider teaching and learning strategies, resources and modes of assessment related to the learning outcomes of these modules.

MODULE TYPES

1. Predominantly theory-based nursing modules

These modules sought to develop knowledge of nursing as well as other substantive subjects in order to provide the foundations and developmental 'building blocks' which students needed to progress towards a degree. They were found within all courses but appeared to emphasise different aspects within their aims and learning outcomes. Difference in emphasis appeared to be related to variation in the underlying philosophy and vision underpinning the course, and the institutional or course structures within which it operated.

Those courses with a strong theoretical leaning tended to emphasise these theory-based modules which in turn, contributed to their strong academic feel.

There were different ways in which these modules appeared in pre-registration courses and in post-registration courses. This is understandable given that pre-registration courses admit students with no previous knowledge of nursing and students on post-registration have already learnt basic nursing theory. There were however some points at which comparisons could be made and these will be mentioned.

For pre-registration there was an obvious need to provide students with base-line nursing knowledge from the outset which was not a necessary feature of post-

registration courses. In order to meet external requirements pre-registration courses had to incorporate a number of themes within their content. Within our sample there was considerable emphasis placed on external regulations although these were usually subject to local interpretation.

The way in which these type of modules featured in the course and the kind of rationale presented for their inclusion indicated the working hypotheses about the nature of knowledge which were embedded in the texts. The following extract offers an argument for the need to start with a theoretical knowledge base:

> *"An early emphasis on the emergence of theory serves to build a sound foundation on which the more practical elements of nursing are introduced"* (27.6.93)

Another example shows the value placed on nursing knowledge by one institution:

> *"Nursing knowledge is a field of study inextricably linked with practice built on a foundation of emergent nursing theory and the contributing disciplines of biological disciplines and social sciences. Combined with the skills of critical thinking, analysis and evaluation, this knowledge must be used to underpin practice"* (6.47.97)

Here there is a view that, although knowledge and practice are bound together, there is a need to lay a foundation of theory on which to construct other aspects of the course. Reference was made to other subjects and their relationship with nursing. Although the main subject areas were comparable across particular types of course, the way in which they were applied to nursing, if at all, differed considerably. Biology was a good example of this. Some courses had biology modules which focused on physiology, anatomy and biochemistry (74.1.94). Others focused on biology as it particularly related to health (4.32.96). A constant feature of biology teaching across pre-registration courses was the need for students to understand the structure and function of the human body.

Within many documents there was evidence of a continuing debate about the role of different academic subjects in the development of nursing theory. Not only were there differences in the balance of these particular subjects and whether or not they were taught as pure or applied subjects, there were also debates about balance within individual documents. An example of the way in which these debates were evident is given below:

> *"This process of consultation has resulted in a slight shift of emphasis from that of a focus on social science to a curriculum with a more scientific or biological*

basis therefore redressing the balance between the art and the science". (2.32.96)

In this course there appeared to be on-going dialogue about how much of each subject was required to support the developing theory of nursing. In this case there had been a move away from behavioural sciences towards biological sciences. Contained within, was a concern that the behavioural components of the course had been over-emphasised. Although pre-registration courses followed guidelines about theory content, there was evidence that the way this was taught, the particular focus of the subject and how much of one subject was required rather than another, were all open to local interpretation. This meant that in terms of balance of subjects, the theoretical component of courses could be quite different.

One aspect of these modules which crossed pre- and post-registration courses was the need for professional knowledge. Modules which appeared to be particularly linked to professional knowledge included research, professional studies and law and ethics. There was an expectation that the theory taught in these modules would be transferred to practice in the form of developing leadership and management skills, and increasing ability to effectively and creatively handle resources.

This rationale from a post-registration course is a typical illustration of how theory modules were linked to the idea of developing practice:

> *"This unit facilitates students to examine and explore contemporary developments in professional practice and encourages a critical and reflective approach to the study of professional issues." (377.49.97)*

In much of the text which accompanied these modules, the changing role of the professional practitioner was highlighted and was often linked with changes in public policy referred to in cited government publications.

These modules relating to professional practice were more likely to make explicit references to practice than the foundational theory modules described in the section above. In pre-registration courses this might have been because of their position in the course. They tended to occur slightly later in the course when students had increased involvement in all aspects of nursing practice. In post-registration courses they tended to be explicitly and directly related to the changing emphasis of role and responsibilities which many students were actually experiencing.

The following extracts from course aims, illustrate how the idea of professional nursing is linked to the development of managerial and leadership skills.

A three year pre-registration course aimed to:

> *"Develop competent management strategies and skills to underpin the effective co-ordination and delegation of nursing care with the role of graduate nurse"* (4.32.96)

and a post-registration degree leading to a Higher Award claimed:

> *"This unit will give the student the opportunity to reflect on the course as a whole as to contribute to the organisation and management of the practice area within their chosen speciality"*. (98. 17.93)

In similar vein the following two statements are taken from other post-registration course outcomes:

> (The course will) *"Demonstrate the maximisation of the use of the resources in the care setting by appropriate clinical leadership skills"*. (2.18.96)
>
> *"Degree level study aims to produce practitioners who are specialist within their chosen clinical areas. These practitioners have developed new professional skills, knowledge and have utilised existing research. This foundation will promote enquiry- based practice and inform innovations in care" (14.44.96)*

These extracts imply that graduate level nursing is located within their every day practice activities and that the achievement of a degree formalises and extends a level of practice which the nurse is already having to exhibit.

2. Modules combining nursing theory and practice

In these combination modules the emphasis could be on either theory (theory/practice modules) or practice (practice/theory modules). This section starts with an exploration of those which appeared to emphasise theory. These often appeared to function as a route towards developing further knowledge for practice, driven by basic qualificatory outcomes or outcomes focused on a particular field or specialism. This was in contrast to other cases, where the module might focus on the development of theory that had arisen from practice. Within these modules, practical experience was theorised through the process of reflection in classroom settings.

Theory/practice modules

Theory / practice modules were characterised by the inherent notion that theoretical preparation would facilitate preparation of a student for clinical practice. In general terms these modules tended to be orientated towards the generation of knowledge about how to practice, irrespective of the type of course. Some modules of this type, particularly those in the CFP of pre-registration degrees were quite general in the way they focused on practice. Others, mostly found within pre-registration branch or post-registration courses, sought to develop knowledge which was specific to one area of nursing practice such as surgery, paediatrics, orthopaedics or community nursing. In the project sample, a considerable number of this type of module were also accredited as separate ENB numbered courses such as the ENB 998 course: "Teaching and Assessing in Clinical Practice".

There were some examples of how students from different degree programmes can and do share the same theoretical preparation for practice. One such example was found in teaching and assessing modules. This module was often shared across different pathways of the same degree or across pre- and post-registration programmes. Inherent in this type of inclusiveness was a notion of the professional nurse as teacher, not only in relation to students but also in relation to their health promotion role with clients.

In many instances theory/practice modules were specific to the particular course type. The different student entry and exit points of pre-and post registration courses meant that opportunities for common theoretical preparation for practice would be limited. Different external criteria and practice requirements were also likely to limit comparability. One such example of this was how pre-registration students had to consider the European dimension of nursing. One way in which this dimension appeared was in some four year courses which offered the option to study foreign languages as preparation for an optional clinical placement in a European Community country under ERASMUS or SCORATES schemes. This clinical placement was usually dependent upon the student being able to financially supplement the trip. An alternative way of offering a European dimension was through a specific module. This module from a three year programme did not necessitate any travel but still aimed:

> *"To prepare the practitioners for a role within the European community and to appreciate the wider issues in nursing a module on Cultural Awareness is included at Level 2."* (4.32.96)

Post-registration courses made particular demands on this type of module. With registration came a need to develop theory for practice actions which had not been previously permitted. This was particularly the case for courses which were preparing

students for a wider scope of practice. The following extract was taken from a module in a post-registration course called: *"Enhanced Clinical Nursing Practice: IV Drug Administration:*

> *"The changes in the Scope of Professional Practice (1992) and the Junior Doctors: The New Deal (NHS Management Executive 1991) allowed nurses to expand their existing practice by participating in shared care for the patient in a multi-disciplinary setting* (56.28.96)

Practice/theory modules

This type of module was different in the way in which the balance between learning experiences was managed. These modules were characterised by the students use of personal and shared reflective work to develop a personal theory of practice specific to, and generated directly from their own practical experience.

There were a small number of courses in which these modules were a consistent feature throughout. These were the courses which appeared to be solidly grounded in the subject of nursing and where there was an evident sense of the academic value of practice. Other courses might only have one module of this type and the potential impact of this approach on developing practice was not as evident.

Practice/theory modules were found within both pre and post registration courses. A typical structure might be to have 2 days in the classroom each week and three days in practice. In pre-registration courses practice elements were determined by the particular point on the course whereas in post-registration courses practice was usually undertaken as part of the students contract of employment. The aim, however, remained consistent across these course types. Although the structure may be somewhat different, both aimed to provide opportunities for students to draw from their practical experience in order to develop a coherent theory of nursing practice.

Another consistent feature of the educational philosophy embedded in this type of module was the acknowledgement given to students previous professional and personal life experiences. This idea is reflected in the following extract which relates to a post-registration course:

> *"....much professional and life experience which will be taken into account in the teaching and learning strategies adopted throughout the course. There will be an emphasis on active participation by students, determined by the nature of the student experience"* (13.3.96)

One post-registration degree offering the Higher Award and Specialist Practitioner award, referred to the work of Donald Schön (1987) in its curriculum philosophy. It conceptualised the 'practicum' as:

> *"The setting in which professionals should acquire the forms of knowledge which are more relevant to problem solving in the practice setting."* (14.2.96)

They go on to indicate how the development of the 'practicum' is aimed at reducing the theory practice gap through tripartite relationships between students, teachers and practice assessors. This tripartite relationship is described as:

> *"The Dynamic Learning Relationship*
> *The dynamic learning relationship between these three roles in the learning process and the importance of the practice setting will enable students to reflect upon actual practice situations and reduce the theory practice gap".* (16.2.96)

The educational theory which was embedded in these practice/theory modules appeared to be about the role of reflection in linking theoretical and practical learning. The next extract shows how one course articulated this theory in relation to their curriculum:

> *"Practice knowledge according to Schön (1983) develops when practitioners, skilled in the art of selection and rejection are able to draw from a range of theories to understand the particular, unique and complex world of practice and generate their own 'theories in action'"* . (7.51.96)

Often the way in which the module was structured was an important factor in the facilitation of this process of reflective practice. A post-registration course combining the Higher Award and Specialist Practice Award required students to have 1 day a week in supervised clinical practice throughout the 2 year course. The rationale they gave for this illustrates the thinking behind this structure:

> *"This practice element of the degree structure facilitates the integration of theory and practice critical to the performance of the graduate specialist practitioners as identified in the course outcomes."*

They go on to say that the aim of the module is :

> *1. To enable the practitioner to determine their own learning needs by engaging in the reflective process and formulating strategies to meet those needs.*
> *2. To stimulate critical reflection of health care practices to progress individual clinical competence and health care delivery* (36.2.96)

Learning outcomes for these particular modules appeared to be expressed differently from those in theory based modules. They suggest that the kind of evidence required to demonstrate their achievement would have to be collected over considerable time as oppose to the one off assessment characteristic of theory based modules. For example, these outcomes require the student to:

- *"engage in the analysis of health care practice as a means to maintain, improve and monitor quality and standards in their own area of practice.*
- *demonstrate an ability to make informed professional judgements and decisions concerning the care of clients and allocation of resources."* (36.2.96)

These suggest the kind of notion of life long learning which was advocated as an essential attribute of graduateness by the Graduate Standards Programme:

> *"The possessions of self motivated study skills and a readiness for life long learning: This would include such things as the ability to study independently, to find information needed from relevant sources independently and to select appropriate ways of analysing and structuring it."* (HEQC 1997b P88)

3. Predominantly practice modules

These modules were most likely to occur in pre-registration courses in which there were clear statutory obligations to provide students with considerable on the job experience in order to achieve basic level competence required for qualified practice. Students were required to complete a prescribed n umber of hours in particular areas of practice in order to meet the competencies described in Rule 18a. These modules varied in terms of level in that the student would be expected to move from observer to participant-observer through to supervised participant as they progressed through the course. The order of experiences might vary between courses. For example one course might have placed medical or surgical placements at the beginning of the course whereas another course might have started with more branch specialised placements.

Students on post-registration courses may have had periods exclusively in practice but these experiences were usually not formally tied into a particular module. These were periods of employment which occurred in between module components and were more a function of the part time nature of the course than the result of any particular theory of education and practice.

RESOURCES FOR PRACTICE BASED LEARNING

This section deals mainly with students engagement with clinical areas as part of their course. Their experiences varied according to a number of factors including the nature of the learning environment, the nature of students and the nature of the staff supporting practice based learning.

The nature of the learning environment

Within curriculum documents frequent reference was made to the clinical learning environment and the resources made available within that environment. Practice based learning can be seen as a complex process of incorporating two very different types of knowledge; scientific knowledge and practical know-how. Both types of knowledge are required by the nurse in the exhibition of advanced levels of practice. Benner et al. describe this relationship in the following way:

> *"In short, theory and practice intertwine in a mutually supportive bootstrapping process as the nurse graduate develops his or her skill. Only if both are cultivated and appreciated can full expertise be realised."* (Benner et al. 1996: pp 29-30)

Support for practice-based learning very often involved a large number of people employed within different organisations. The effectiveness of clinical placements in developing a sense of advanced levels of practice in parallel with the academic level of the course was , in part dependent on relationships between organisations.

In all courses where clinical placement was an integral part, there was an obvious need to ensure access to adequate placement areas. Even in the best light of curriculum documents there were still hints that this could no longer be taken for granted. With the move of nurse education out of the NHS and into higher education came the need to negotiate with different trusts for the placements required on a course. The quality of the relationship between organisations was therefore a critical part of these negotiations. This was evident in curriculum documents in the form of an emphasis on meeting the needs of the market and being responsive to local demands. In addition to this, some courses were explicit about the potential financial gain that could be made. The independent health care sector was only mentioned in a small number of documents and yet it is estimated that up to 25% of nurses are employed in this sector. The Council of Deans report commented that:

> *"the way in which the independent sector interacts with educational providers and work-force planning is largely without focus"* (1998: p4).

Where good relationships existed, teaching and clinical staff were more likely to work together for the benefit of students. This was not always the case and there was some evidence in curriculum documents of a fragmentation of clinical and educational support to clinical placement components of courses.

Clinical audit was one aspect of course provision where hints at the relationship between organisations might be found. Clinical audit is the process by which the quality of the learning experience on placements is assured. Several documents referred to the complexity of this process particularly where one educational provider had auditing responsibility for numerous clinical sites. One recently validated course had included their audit tool within the course submission documents. Including clinical audit information gave a clear message that the quality of clinical learning experiences was as important as the quality of more academic activity.

The nature of students

One starting point for examining the nature of students enrolled on a particular course was to look at student entry characteristics as evidence of what they brought to their learning experience. Given their different starting points, entry criteria were obviously not comparable between pre- and post-registration courses. Entry to pre-registration courses was frequently based on students achieving a certain number of points in GCSE's and A levels. Alternatively, entry criteria were expressed in terms of the number of A levels required. A few courses also specified that one A level must be in a science subject. Some course documents made specific reference to B.Tech or Access courses as acceptable entry requirements and a few specified that these must be health related.

All post registration courses in the sample required students to be actively registered with the UKCC. Most required students to have access to a clinical area as part of paid employment. Several also required students to have between six months and two years qualified clinical experience. This was particularly the case for courses leading to Specialist Practice Awards. This raises a question about their comparability with pre-registration degrees which also offer specialist practice awards as an add-on in the fourth year following registration. What is the purpose of the experience criteria in post registration degrees? If there is a clear rationale for this experience then how does the above four year pre-registration degree differ as a result of this lack of experience? Neither question was adequately answered within our data set and suggests that there is no coherent rationale for this lack of comparability.

Post-registration level three top up degrees were another source of concern. It became apparent as we explored documented entry criteria that where registration and current experience were the only requirement in courses which only offered part of a degree programme , then there were potentially serious issues about the coherence of their total undergraduate learning experience. Their total learning experience could not be made explicit and the potential existed for quite extreme variations in the students' progression towards the award of degree. Although some level two modules would be made available for students only possessing the basic RGN qualification on entry, students would have had a range of different academic experiences leading up to their level three modules. With the exception of the integrated study found within the Higher Award, modularisation has meant that student achievement is usually only assessed from the individual modules undertaken.

Another indication of the nature of the student could be found in examining the role given to students in their clinical placements. Again there were fundamental yet understandable differences between pre- and post-registration practice in relation to student roles. Pre-registration students were being introduced to practice from a position of little or no prior experience. For many pre-registration students their clinical experience was a combination of being supernumerary for the first half of their course followed by rostered service. For a minority of three and four year pre-registration courses, the students were supernumerary throughout the whole course. In comparison, the qualified post-registration student was already a competent practitioner who could be expected to contribute more to the clinical environment. Their agenda was to use their experience to explore different ways of practising and to develop greater professional independence. Post-registration students were therefore more likely to engage in the clinical area as an employee and follow a part time route to their degree. The exception to this were some courses which offered a full time route towards the Specialist Practitioner Award. These courses did offer students supernumerary status in recognition of the need for support and supervision in practice necessitated by pursuing an additional professional qualification.

The nature of staff

Practice based learning in many courses brought health care providers and nurse education together to facilitate a particular learning experience for students. In some documents there was a clear indication about the number of trusts an HE institution might be involved with in delivering a course, and the geographical area across which the course would run. This influenced the numbers of staff available to support clinical placements in three ways. Firstly, it has already been mentioned that HE institutions

were having to cast their nets widely to ensure adequate placements for the increasing numbers of students enrolling on degree programmes. Secondly institutions had to provide sufficient numbers of tutors with the appropriate clinical background to link with all areas and thirdly, the extent to which institutions facilitated these tutors in maintaining their clinical credibility. The curriculum documents did not tend to discuss the intended role of the tutor within the clinical area in any great depth. The changing nature of the teachers role in clinical areas has been reported elsewhere (Luker et al. 1995). It was also considered in the Council of Deans recent report. In this they show how the move into higher education :

> *"has brought with it demands for research performance, teaching excellence and clinical credibility"*

They go on to suggest that:

> *"in order to respond sufficiently well to these complex demands, a clinical academic career must be developed for nursing, midwifery and health visiting"* (Council of Deans, 1998: p7)

Where the teachers role was mentioned in our sample of documents, it was likely to be referred to either as an associate partner with the clinical staff in facilitating care and learning, or not described at all. Sometimes there was evidence of institutional collaboration in the development of this role per se and in other instances, the relationship appeared to be only apparent in the support of pre-registration programmes. Contained within these descriptions the following aspects were identified:

- a provider of support to students and their assessors,
- a resource in the integration of practice and theory
- as a facilitator of evidenced based practice
- as an integral component of the clinical assessment processes
- as an auditor of the clinical area.

One of the areas where there appeared to be comparable practice was in relation to the preparation of qualified clinical staff for the role of assessor. The baseline preparation for the role was generally regarded as having experience (often not defined but where identified 1 year) and the ENB approved 998 course: "Teaching and Assessing in Clinical Practice. The City & Guilds 730 or a Certificate or Degree in Education was often deemed equivalent to the 998 course. This meets ENB standard 12c (ENB, 1997) which will be implemented in October this year. Other research supports this notion of baseline preparation but found that this baseline was not always achieved (Bedford et al 1995). Additional details were sometimes included in curriculum documents. These gave information about how assessors would be helped to retain their knowledge of the course through annual updates to consider assessment processes and their role and

responsibilities within them. This issue will be discussed in more detail in the following section which deals more exclusively with issues relating to the assessment of practice.

ASSESSMENT OF PRACTICE

Central to the notion of learning outcomes is the means by which students are assessed. It has already been mentioned that learning outcomes are only useful as measures of achievement if they are supported by methods of assessment which can adequately reflect their substance. Methods of assessment of theory are reasonably well established, as are their quality assurance mechanisms designed to ensure comparability across courses and institutions offering the same award. The problem of assessing practice and awarding academic credit for the achievement of practice-based learning outcomes is infinitely more problematic. It was not until relatively recently that higher education institutions had to start wrestling with the problem of how to bring practice based courses into an academic credit framework. It was evident in our data that the problem was far from resolved with considerable variation in the extent to which actual achievement in practice was awarded academic credit. Add to this the more complex problem of trying to establish different levels of achievement in practice particularly that which might relate to level three credits and the situation becomes even more variable.

One way in which institutions addressed this problem was to give credit to practice as an add-on beyond the 360 credits normally required for a degree. This was only the case for a small number of courses in our data and tended to be those courses types which we categorised as self-reflective or conservative. This strategy meant that an institution's formal credit rating mechanisms could simply avoid the problem of the academic value of practice. Practice was awarded credit in such a way as not to interfere with the 360 credits required to satisfy internal quality assurance systems.

The majority of courses within our sample accredited practice within the 360 credits required to award a degree. When these courses were reviewed for comparability in their assessment of practice, two broad approaches were found within pre- and post-registration degrees. The vast majority of courses in the sample assessed practice by combining a competency tool (essential for pre-registration), and some form of academic work in which aspects of the practical learning experience would be addressed. This could take the form of case study, critical incident, learning contract or portfolio of evidence. Within this model the student's practice was not necessarily linked to a particular grading scheme. It was however essential that students pass the

competencies inherent in the module learning outcomes in order to be awarded the relevant number of credits . A very small number of courses had integrated assessment tools linked to a notion of level of performance.

Within discussions about the level of nurses clinical skills, Benner's (1984) work is frequently featured in the documents and associated with the experiential taxonomy described by Steinaker & Bell (1979) to give an anticipated level of practice at different stages of the students course.

Within the sample many different ways of assessing students' practice were represented. Students could, for example, be assessed through direct observation by a named assessor coupled with submission of the student's written work about practice or a particular aspect of it. The following extract illustrates the way in which most courses used written work to demonstrate the student's achievement of practice-based learning outcomes:

> *"In addition the Clinical Placements Module(s) will also be assessed by means of a written assessments of examination. Examples of format could be exploration of an area of interest, a care study, critical incidents of the exploration of a research-based intervention".* (23.32.96)

By using traditional methods of assessment such as assignments or exams, the process of awarding academic credits for practice becomes less problematic. In pre-registration courses assessment of practice must fulfil the requirements of Rule 18a. In doing so such assessment is generally competency based and based on a simple distinction between pass and fail. Whilst module criteria clearly stated that these competencies had to be achieved in order to be awarded a pass in the module, there was a clear division between theory and practice evident in many assessment strategies. It was also the case that even though the module might be awarded level three credits, the actual assessment of practice was not for level three practice but for basic level of competence which must be achieved in any pre-registration course. This means that in many pre-registration degrees higher levels of practice were not assessed by direct observation but by written work about practice. The intention here is not to pass judgement on the way in which assessment is handled, but to highlight the complexity of meaningful contemporary assessment of degree level clinical practice.

Within our sample there were a range of ways in which competence was assessed. One institution offering both pre- and post-registration degrees used portfolios to assess practice. These portfolios contained a learning contract which was used formatively to facilitate feedback and encourage growth and movement towards the

desired learning outcomes. Summative assessment of practice consisted of collecting evidence about the acquisition of competence in six domains, each containing items of professional behaviour to be observed in practice. These domains reflected levels of performance described by the work of Benner (1982). Within this tool, level descriptors show how the student moves from a position of *"no experience"* demonstrating behaviour described as *"extremely limited and inflexible"* to a position of advanced beginner where they *"can demonstrate a marginally acceptable performance"*. When they reach competence their practice shows that:

> *"they have a feeling of mastery and the ability to cope with and manage the complexities of clinical nursing but still lack speed and flexibility."* (22.47.96)

Increasing competence was represented by assessors ticking statements referring to particular levels of student achievement. This method had been in use for at least four years and although it didn't incorporate some of the newer ideas about assessment such as facilitating tripartite dialogue (Phillips et al. 1994) and was not particularly responsive to change, there was a sense of continuity and confidence in the institutions adherence to this model.

Another example was given within a four-year pre-registration course which referred to the Skills Workout System, developed by Dunn (1986, 1993) as a model for their assessment of practice (42.22.94). Within this system, students were active in assessing their own practice and with their assessor, identified their future needs and planned their learning experience.

The skill areas used in this assessment strategy were linked directly to Rule 18a. For example, it claims that in year 4:

> *"The practical skill section will demonstrate how competencies (b), (c), (I) and (j) are to achieve"*. (43.22.94)

In addition to specific skills areas there was also a minimum level of practice to be achieved at each stage. These levels did not appear to be directly linked to the academic level of the module but operated a pass-fail outcome.

This tool was a good example of many others which tried to handle the complexities of clinical assessment. Another example of such complexity was one institutions use of a single tool to assess both pre- registration diploma and post-registration degree students. In this institution both groups of students followed the same process and the tool facilitated self-assessment at any given level of practice or point in the course. In describing practice modules in the fourth year of this course they state:

> *"These have as a central feature the honing and fine-tuning of clinical knowledge and skills in final preparation for working as a professional practitioner"* (47.22.94)

It is hard to imagine the kind of assessment strategy that might be sensitive enough to capture this kind of achievement.

Portfolios

The Portfolio was one strategy which both pre- and post-registration courses used to try and assess practice beyond a simple notion of basic competency. The use of portfolios is now a requirement for all pre-registration courses who describe them thus:

> *"A record of learning and outcomes of assessment demonstrating progress in development of knowledge, skills and understanding relevant to the educational programme being undertaken"* (ENB, 1997, p38)

The requirements suggest the need for information and documentation relating to:

- achievement of theory and practice outcomes
- learning through reflection
- demonstration of the inter-relationship between theory and practice
- formative discussion between student, assessor and tutor
- action plans or learning contract between student, assessor and tutor
- transmission of key issues from one experience to another.

Although all registered practitioners are required to develop and maintain a Personal Professional Profile (UKCC, 1994), students studying for the Higher Award also have to maintain a professional portfolio which:

> *"will be used to record participation in all continuing education, in service and work based activities. It will be used to record assessment of learning that contributes to the achievement of the specified learning outcomes. The Professional Portfolio will encourage practitioners to develop the skills of critical and reflective practice"* (ENB, 1991, p13)

Obviously there is some overlap in the function and potential content of portfolios and profiles. The common ground is occupied by a view of life-long learning, an attempt to bridge the gap between theory and practice, tools for recording progress and planning the future and the students active participation in their construction.

Differences exist between portfolios and profiles mainly in terms of access and function of the information contained within. Portfolios, for example, are often open to the scrutiny of other people, particularly when used for summative assessment of the achievement of learning outcomes. The UKCC profile, on the other hand, is a private document which need not be scrutinised by others. It serves as a personal record of achievement and developmental needs.

Portfolios and APL/APEL

The issue of APL/APEL presented something of a dilemma for the coherence of post-registration courses. The reliability and validity of current systems in accurately portraying the level and range of prior learning is open to question and is a source of concern. One course shows how common it is for students to use prior learning or experience for advanced standing on a degree course or to enter at level three of a top-up degree:

> *"The vast majority of students wishing to achieve BSc(Hons) Nursing Practice will be achieving the Practice components of the degree through APL, having undertaken English National Board for Nursing Midwifery & Health Visiting (ENB) clinical courses at other institutions".* (22.28.96)

The portfolio is used to demonstrate the learning which has been undertaken in different institutions and represents a useful attempt at recording achievement of the total degree experience. It must be stressed however that achievement of an ENB numbered course in one institution may not directly represent the experience of the same ENB numbered course in another institution. Various authors have shown how this form of assessment supports the development of students and teachers reflective skills (Murray, 1993; Clark & Warr, 1997). Clark and Warr raise the following question:

> *"the lack of evaluative studies highlights the need for empirical evidence concerning accreditation schemes in terms of whether they work, whether they make a difference to candidates and maintain academic rigour, and whether it is a cut price approach to evaluation"* (1997: p1237)

Portfolios in pre-registration courses.

The example which follows is an illustration of the way portfolios were used in a course citing some of the most up to date evidence relating to the assessment of practice. This three year pre-registration course drew on evidence generated by ENB commissioned research (White,1993; Alterton et al.,1995; Phillips,1993). They say:

> *"Because of this evidence and the experience gained in the current degree programme it was considered vital to introduce units which integrated theory and practice to avoid the danger of compartmentalising knowledge and practice. The use of portfolios has therefore been adopted to ensure this does not occur and that practice is seen to inform theory and theory informs practice".* (1.51a.97)

Within their portfolio there were four domains of student learning, each coupled with an associated descriptor. These were:

1. *Knowledge in practice*, which has six associated areas of knowledge:
   - *Health perspectives and promotion*
   - *Influences on care*
   - *Key aspects and concepts of care*
   - *Interpersonal aspects of care*
   - *Skills for practice*
   - *Organisation of care*
2. *Patient / client focus*
3. *Professional development*
4. *Clinical competencies*

These four sections were described in terms of levels 1,2 and 3 which corresponded to years 1,2 and 3 of the degree. For example, a year 3, level 3 statement on clinical competence says the students is:

> *"Competent in assessing, planning, implementing and evaluating care and managing care including resources".* (4.51a.97)

The students were provided with a module portfolio in which they had to record evidence generated for each domain. This evidence could come from taught components, self directed study, experience with patients or interaction with other health professionals.

In the above example there was some attempt to differentiate competence at the basic level of Rule 18a from some notion of higher level practice which might indicate the level of skill required for the award of a degree.

Portfolios in post-registration courses

One post-registration course also provided an example of assessment of practice being graded by level although direct assessment of practice was less common amongst post-registration courses than among pre-registration courses. This course also used portfolios as a method of collecting evidence of practice based learning. Within a statement of the course framework and assessment strategy they stated that:

> *"The school is committed to, among other things, teaching and learning with a strong emphasis on valuing and accrediting work based learning. This commitment was one of the factors, which influenced the change to an achievement led focus with its central tenet being the development of individuals and the certification of achievement. This approach required a change in curriculum development which also became achievement led; the learning outcomes of each unit of learning programme became the starting point and focus for programme planning."* (13.49.97)

It was evident in their documentation that they had undertaken a process of reflection and consideration prior to revalidation and had, as a consequence, chosen a new and different system of assessment. Their framework of assessment related to both theory and practice and described levels ranging from level 1 to M level. They described M level as being *"innovative, original, and able to deconstruct and reconstruct concepts."* (15.49.97). There was also use of level descriptors drawn from Benner's work to characterise particular levels of practical skill through to expert practitioner.

This course made a clear claim for the academic value of practice with 40 of its possible 120 level three credits potentially coming from practice-based modules where the assessment of outcomes was based on portfolio evidence. This was supported by the allocation of a "Practice Skills Assessor" with whom the student would negotiate achievement of their learning outcomes, meet and discuss the learning they planned, and how it would meet the outcomes required.

Choice of assessor

Lastly, assessment of practice must be influenced in part by who carries out such assessment. In the documents sampled, the preparation and appointing of assessors for pre-registration students was fairly well developed and comparable across institutions. Most assessors would have been awarded the ENB 998 qualification at either level two or level three. Staff would then be provided with additional updates beyond their ENB 998 qualification as and when required. There was less comparability in the process of preparing assessors for post-registration courses. Within the data many post-registration courses did not have any form of clinical practice assessment. This may have meant that systems for monitoring and assuring the quality of post-registration clinical assessment where it occurred were less likely to be in place.

What appeared to be an issue for both pre- and post-registration courses was the ability of assessors, who perhaps were not graduates themselves, to assess level three practice. It may be that, given their own practical experience, they would be able to recognise higher levels of practice in others. This, however, is based on the assumption that all

clinical assessors are themselves practising at an advanced level. If the main preparation for assessors is the ENB 998 course, then it is important to question whether or not this, in itself, is sufficient to prepare assessors for assessing degree level practice.

Overall, in the assessment of practice at graduate level, there were examples of good practice in both pre-and post-registration courses. These were courses which attempted to assess practical skill beyond the level of basic competence and although these attempts were not without their problems, they represented the early conceptualisation of graduate level practice as an important feature of graduate level awards.

SUMMARY

This chapter has focused on the way in which the subject of nursing and nursing practice are handled within curriculum documents. Its main points can be summarised as follows:

- the subject of nursing was delivered through three main types of module
- nursing modules could be either predominantly theoretical, a mix of theory and practice or predominantly practice-based.
- access to placements for students' practical experience was more likely to be through inter-organisational negotiation and could not always be assumed.
- student entry requirements differed according to the type of course offered
- concerns were raised about the adequacy of preparation for clinical staff to assess graduate level practice
- assessing graduate level practice beyond rule 18a competencies is problematic and rarely addressed in course documents.
- very few post-registration degrees incorporate direct observation of practice as part of their summative assessment
- the portfolio is frequently used for post-registration courses as well as pre-registration courses, as a means to assess theory and practice together.

Chapter 6:
CONCLUSIONS

Curriculum Documents

It must be emphasised that curriculum documents have a range of functions to perform. A primary function is to render meaningful a complex array of ideas about teaching and learning processes and outcomes. They need to promote the idea of a course so that outsiders can gain some sense of its intentions. It needs to convince institutional bodies of its value, necessity and soundness. It needs to convince potential or actual employers that it will give students the necessary skills and abilities required of qualified practice and it needs to give potential students an idea of the nature of the experience they will gain. Additionally, the curriculum document is a source of reference for teachers who contribute to the course particularly if they haven't been involved in its development. In order to fulfil these roles documents are constrained in the way they represent information. By necessity, the total concept of a course must be simplified in order to make its concept manageable for various stakeholders. In this simplifying process there appear to be referents which point to ideas, structures and processes which exist beyond the course documents. A good example of these kind of referents might be found in the list of contents which appears in most modules. These lists point to the much more complex set of structures, relationships and activities which constitute the transmission of knowledge and experience.

Three major questions have came to dominate our research on curriculum documents for nursing degrees. These are:

- What is a degree?
- What is a degree in nursing?
- How comparable are degrees in nursing?

The nature of degree programmes

Firstly, we have found ourselves continuously returning to the question of what is a degree. In our attempts to address this question, we have turned to more generic research in mainstream higher education and found an enormous amount of common ground, not just in the highly problematic nature of trying to define a concept of degree-worthiness or graduateness, but also in the kind of ideas we had about what might clarify this concept in the future. In particular we welcome the call for greater clarity of purpose within course documentation suggested by various government reports on higher education, (Dearing, 1997; QAA, 1998).

We have noticed that several of the recommendations made in response to the Graduate Standards Programme and the Dearing Report will address some of the problems of comparability highlighted in this report. We also note that many of these difficulties which relate particularly to nursing have already been addressed by the ENB Standards which are due to be implemented this year.

The nature of degrees in nursing

The question of what constituted a degree in *nursing* as oppose to any other degree was also a major pre-occupation for us as we immersed ourselves in the data of over fifty curriculum documents. This was a question about what was common to nursing degrees and different from others. In one sense, this was a relatively simple question to answer, particularly if it is assumed that the concept of level in degree awards is unproblematic. If this were the case, then what differentiates a nursing degree from others is the emphasis, in its content and learning outcomes, on a theory and practice of nursing. It was shown in Chapter 5 that there is considerable variation across courses in the way modules about nursing are constructed, the content they deliver and the means by which that content is assessed. A primary problem concerning the subject of nursing as it appears in curriculum documents is the extent to which a theory of practice can be taught and assessed without direct observation of practice. Although most pre-registration degrees included direct observation and assessment of practical skills in many of their nursing modules, there was not necessarily a sense that *graduate* level skills in practice were being observed and assessed. In other words a pre-registration degree might only assess skills to ensure competence to practice as a registered nurse rather than a graduate nurse. Although on the surface, pre-registration degrees look like they are better at incorporating practice into a notion of degree-worthiness, this, in many cases, is an illusion created by the spread of practice modules over the total degree experience. In post-registration courses there was far less evidence of direct observation of practice but, particularly in courses based on or leading to the Higher Award and Specialist Practice, there was a sense of having to draw practical experience into academically assessed pieces of work.

The Higher Award was developed to try and bring together post registration education into a unifying framework, (James and Redfern, 1995). Although, our data exposed some problems with the Higher Award in terms of marketability and take up, early background work tried to tackle the problem of the academic value of practice around some core qualities of experienced nurses represented in the 10 key characteristics. With the exception of one or two of the earlier post-registration courses, most made some reference to the 10 key characteristics of the Higher Award, even if they didn't actually offer it as an outcome. What was obvious from our data was that, although

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there was evidence of good practice in both pre-and post-registration courses, most had great difficulty in articulating a notion of graduate level practice. This might have been due to the complexity involved in attempting to handle theory and practice outcomes at the same time. This is a common thread across all types of degree.

If we add to this problem, our first concern about the nature of graduateness per se, then the whole question about the characteristics of nursing degrees becomes infinitely more complex.

An additional problem in articulating the concept of graduate level practice lies in the lack of shared understanding about the nature of levels. Chapter 4 discussed a number of papers which have started to unpack the problem of the relationship between traditionally constructed hierarchies of intellectual ability and hierarchies of professional knowledge and competencies. Two of the most common educational hierarchies cited in our data were those of Bloom, (1956) and Steinaker and Bell (1979). Winter, (1993) challenged the assumptions upon which these two approaches have been used almost universally to articulate level and progression in the outcomes of degrees. His argument rested on two major points. Firstly, that Bloom's Taxonomy was never meant to be a means of developing chronological sequence across a whole programme of education. Winters second point is that the intellectual hierarchy of Bloom and the experiential hierarchy of Steinaker and Bell are used together without reference to any empirical evidence that learning does indeed progress through the stages of both in a relatively uniform and similar pace. The kind of problems Winter points to were evident across our data sample. There was a surprising uniformity in the language used as level descriptors in both course and module outcomes. The language of Bloom's Taxonomy appeared to be almost universally shared and have the status of a taken-for-granted truth which needed no further explanation or clarification. The impact of this, on notions of graduate level nursing has been the apparent use of these level descriptors as a ready made structure on which to hang levels of practice in the absence of any empirical evidence.

The comparability of nursing degrees

The third major question which this research addressed was the extent to which nursing degrees were comparable. There is a danger, inherent in attempts to promote comparability, of being too prescriptive. On the other hand there is a clear responsibility to ensure that when people are pursuing a course or employing a graduate, they fully understand the precise nature of how a particular award was achieved.

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Generally speaking we found that there were some aspects of degree programmes across our sample which were comparable. These are listed below:

- All pre-registration courses were comparable in that they all had to meet external requirements relating to structure, process and outcome.
- In most courses the graduate nurse was conceptualised as an innovative leader who was flexible and able to manage resources and handle change.
- Comparable terms were used as level descriptors in both the assessment of theory and assessment of practice.
- All courses seemed to have difficulty in articulating higher levels of practice
- Preparation for clinical assessors was similar across most courses. We have, however, raised questions about the adequacy of this preparation for assessment of higher levels of practice.
- All courses required students to undertake a substantial piece of independent work over an extended period of time. This usually incorporated some research activity around the subject of nursing.
- All courses appeared to be struggling with the complexity of meeting the requirements of both higher education and the NHS.
- All post-registration and most pre-registration courses were fully modularised.
- There was a common emphasis on flexibility of delivery in post-registration courses.

Understandably there was more comparability across courses within the same broad type. Pre-registration courses, for example, tended to follow a more prescribed format and were more likely to be influenced by external requirements and statutory bodies. Post- registration courses tended to be influenced more by market forces and tended to place a strong emphasis on the professional development required for senior nursing roles.

Variation did occur and there were a number of areas where there was limited comparability across courses, even within the same broad type. Areas in which courses were not comparable are listed below:

- There was considerable variation in whether or not practical skills were assessed by direct observation. This was particularly apparent in post-registration degrees.
- There was variation across the sample in whether or not courses went beyond basic levels of competence in their assessment of practice.
- There were fundamental differences in the way courses were structured.
- There was a lack of comparability in the way in which the 360 credits of a degree programme were distributed throughout its various components.
- There was no sense of a common currency pertaining to credits in terms of either notional learning time or student achievement.
- There was variation in whether or not students were expected to carry out empirical research within their dissertation
- There was considerable variation in the information which was presented in curriculum documents. This existed both in the amount and type of information and its style of presentation.
- The complexity of offering multiple pathways through a single course framework created considerable variation in post-registration courses.

DEVELOPMENTAL IMPLICATIONS

Many of the implications implicit in this research have already been highlighted by the Graduate Standards Programme and the Dearing Report. Some issues have already been addressed by the recently published ENB standards document. The Graduate Standards Programme and the Dearing Report both recommended actions to increase the clarity and explicitness of intended outcomes of degree programmes. In particular they have recommended a more coherent credit framework and the production of a programme specification for each course. There are also recommendations relating to the comparability and security of degree programmes. These propose clearer bench-marking of standards and the development of threshold standards which can be applied across degree programmes in specified cognate groups. We believe that if these recommendations are implemented and applied to nursing degrees in consultation with professional and statutory bodies, then some of the issues relating to comparability will be addressed.

There were, however, a number of untested assumptions inherent in nursing degree structures and processes which would benefit from further exploration and testing.

These are listed below and constitute the main thrust of the additional action which might be undertaken as a result of our research. Our research suggests that, in relation to degrees in general, there is a need to :

- develop mechanisms for sharing good practice across institutions which encourage movement away from the industrial secrecy model of protecting curriculum documents, towards one based on collaboration and common aspirations.
- gather empirical evidence about the relationship between the level descriptors used in curriculum documents, and students' actual progression towards degree outcomes.
- improve the currency and clarity of course documentation. This could be achieved through some standardisation of course information to be submitted in the annual monitoring and review process

In relation to nursing degrees specifically, there is a need:

- for professional and statutory bodies to work with the QAA to ensure that nursing is fully represented in debates about threshold standards and quality assurance
- for standards relating to the HE sector generally, to apply equally to degrees in nursing wherever possible
- to develop a clear rationale for the title of awards given to nursing degrees
- to further clarify the attributes expected of the graduate nurse
- to develop standards to guide the teaching of research to degree level
- to clarify responsibility for the quality assurance of various components of post-registration degrees
- to encourage debate about how best to support both the academic and clinical aspects of the nurse teacher's role

In relation to the development of practice at graduate level there is a need to:

- clarify the role of practice across all degree programmes
- encourage the development and articulation, within curriculum documents, of the concept of graduate level practice .
- create more opportunities for national debate amongst a variety of stakeholders about the appropriate balance of subjects required to support graduate level practice.
- explore ways in which graduate attributes can be used as the basis for new tools for assessing levels of practice beyond basic competence
- gather evidence about the ways in which portfolios are used to assess achievement and their effectiveness, particularly in assessing degree level practice.
- develop national standards for awarding academic credits on the basis of assessment of degree level practice
- debate the extent to which current systems of preparing clinical assessors, are adequate for developing professional judgement about the achievement of graduate level practice.
- encourage debate about the widening scope of nursing practice and the education needed to support it

These suggestions are based on the arguments made in the main body of this report. They are not meant to be exhaustive and there may be other implications which could be drawn from the arguments we have presented. We offer the above as those which appeared most important to address in the light of our experience of the curriculum documents and the findings of national studies about degrees in general.

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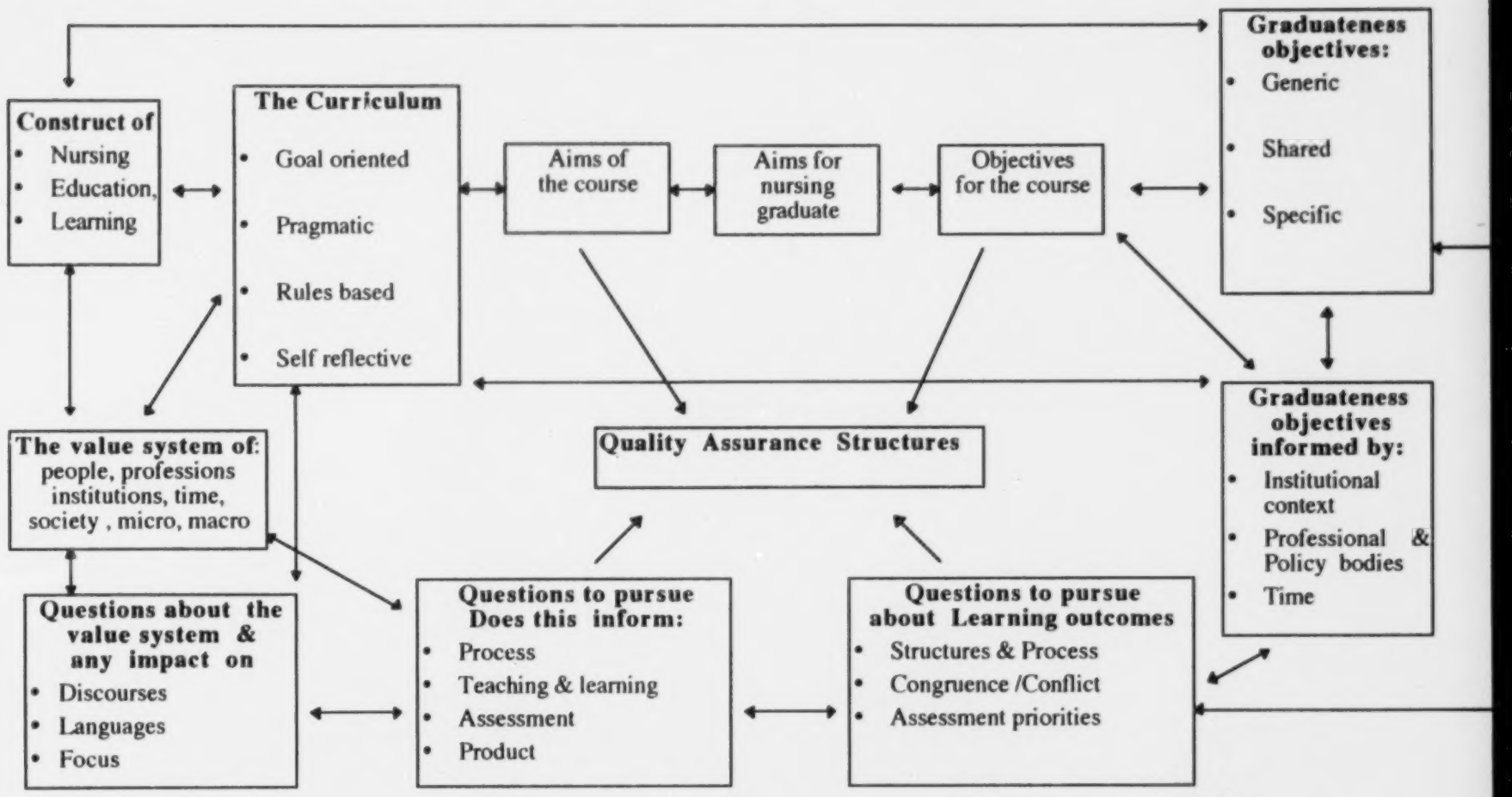
Appendix 1: DIAGRAMATIC REPRESENTATION OF EMERGING CURRICULUM ISSUES AND QUESTIONS.



APPENDIX 2: CREDIT RATING

Credits /module*	1-4 credits	5 credits	10 credits	12 credits	15 credits	20 credits	Complex	Unknown
Number courses	n = 3	n = 4	n = 6	n = 5	n = 10	n = 11	n = 2	n = 11
Hrs/module where provided**	Total hours per module range from 90 - 160	No time equivalents given in documents available	Total hours range from 75-180. Contact hours 20-40	Total hours range from 90-120 Contact hours 30-40	Total hours range from 120-150 Contact hours 25-45	Total hours range from 150-225 Contact hours 36-80	Courses with wide variation of credit values for each module	Either not clear in the documents or document makes reference to institutional paper which is not available
Notional workload Based on summative assessment of theory	Ranges from 2000 word assessment to 2000 word +exam	2000-5000 word assignments	1500 -3000 wd assignment or a combination of assignment and exam	2000-5000 word assignment	1500-6000 words or combination of assignment and exam	2000-5000 word assignment or combination of exam/esssay or portfolio		

* Credits per module for each course has been identified as the credit value most frequently attached to modules within one course.
** Not all course documents provided both total hours per module and contact hours per module.